



# Ridgedale Mother's Day Out Enrollment

2016-2017

Child's Name \_\_\_\_\_

Name child goes by \_\_\_\_\_

Birth Date \_\_\_\_\_

Male  Female

Has your child previously attended Ridgedale MDO?

What methods of discipline work best with your child? \_\_\_\_\_

Yes  No

Siblings  Yes  No Ages \_\_\_\_\_

My child is (check all that apply)

Enrollment

Active  Shy

Monday/Wednesday  Tuesday/Thursday

Verbal  Quiet

## Parent/Guardian Information

Father \_\_\_\_\_

Mother \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

Marital Status  Married  Divorced

If separated or divorced who has legal custody?

Separated  Widowed

Mother  Father  Other \_\_\_\_\_

Single

(Court papers are required if the non-custodial parent cannot pick up.)

## Emergency Contact/Approved Pick-Up List

Circle Appropriate Label

Name \_\_\_\_\_

Cell/Work/Home \_\_\_\_\_

Relation to Child \_\_\_\_\_

Cell/Work/Home \_\_\_\_\_

Name \_\_\_\_\_

Cell/Work/Home \_\_\_\_\_

Relation to Child \_\_\_\_\_

Cell/Work/Home \_\_\_\_\_

Name \_\_\_\_\_

Cell/Work/Home \_\_\_\_\_

Relation to Child \_\_\_\_\_

Cell/Work/Home \_\_\_\_\_

### Medical Information

In the event of an emergency, every effort will be made to reach parents. If parents cannot be reached, I authorize Ridgedale Baptist Church to take any of the following actions, depending on the severity of the emergency:

**(Please check ALL that apply)**

- Please take my child to the nearest emergency room       Children's Hospital  
 Please take my child ONLY to Children's Hospital

Please note that our staff is American Heart Association CPR Trained.

We will contact EMS (911) any time we feel that it is warranted.

**Child's Physician** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Please list any special medical needs or allergies  
(environmental, food, and medical):**

**Does your child have any hearing or speech  
problems?**  Yes  No **If yes, describe:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Is your child currently taking any medication?**

Yes  No **List** \_\_\_\_\_

**Does your child have any allergies or reactions to  
insect stings or bites?**

Yes  No **Describe** \_\_\_\_\_

**Has your child had asthma or wheezing?**

Yes  No

**Has your child ever had chicken pox?**

Yes  No **Date** \_\_\_\_\_

**Has your child had allergic skin reactions such as  
hives, welts, contact dermatitis, etc?**

Yes  No **Which ones:** \_\_\_\_\_

1. My child's immunization and health records are current. You must provide Ridgedale Baptist Church a copy for their records.

Initial \_\_\_\_\_

2. I give Ridgedale Baptist Church permission to use my child and/or children's photos and/or videos in brochures, websites, and any other marketing programs to publicize these and/or any Christian programs

Initial \_\_\_\_\_

3. If a new student, please give date of pre-enrollment visit \_\_\_\_\_

4. I am a  Member of Ridgedale Baptist Church  Attendee of Ridgedale Baptist Church

Member or attendee of another local church or place of worship \_\_\_\_\_

I understand it is my responsibility to change any information on this form as needed. I also understand that my child will not be released to anyone who is not on this form. By this signature, I am verifying that the above information is true and correct to the best of my knowledge.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Mother's Day Out Office Use

Start Date: \_\_\_\_\_

Allergies: Yes / No

Immunization Record

Key Fobs Req: \_\_\_\_\_

Photos Allowed: Yes / No

## Ridgedale Mother's Day Out Acknowledgment & Release Form

### Licensing

( ) I understand that Ridgedale Baptist Church Mother's Day Out is not licensed and is not required to be licensed by the state as a child care agency. §71-3-503 (2005) (12)(2)

### Photos and Marketing

( ) I give Ridgedale Baptist Church permission to use my child and/or children's photos and/or videos in brochures, websites, and any other marketing programs to publicize these and/or any Christian programs. Note: Names will not be posted to protect identity.

### Permission to Communicate Directly to Doctors

( ) I give consent to my child's health care provider and Ridgedale Baptist Church Programs to communicate directly with one another in the event that such communication could result in a better understanding of my child's development and/or participation in group care.

Health Care Provider Name \_\_\_\_\_ Phone \_\_\_\_\_

### Acknowledgement of Handbook Policies

By my signature below, I acknowledge that I have read and agree to abide by the policies and procedures stated in the Ridgedale Mother's Day Out handbook.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_