

OFFICE USE ONLY
Summer pmt _____
Fall pmt _____

Birthday _____
Age (9/18) _____
Class _____

Reg. Fee _____
Supply Fee _____
Immunizations _____

MOTHER'S DAY OUT REGISTRATION – 2018/2019

Circle all that apply:

Summer '18: Tu 6/5 Th 6/7 Tu 6/12 Th 6/14 Tu 6/19 Th 6/21 Tu 6/26 Th 6/28
Sept 2018 – May 2019 school year

Child's Name _____ Nickname _____

Child's Age _____ Birthday _____ Sex _____ National Heritage _____

Mother's Name _____ Father's Name _____

Address _____ City _____ Zip _____

Home Phone Number _____ Mom's Cell Phone _____

Dad's Cell Phone _____ E-Mail _____

Brothers and Sisters Names and Ages _____

List allergies and subsequent reactions _____

Does your child have a special diet? (i.e. vegetarian) _____

Is child potty trained? _____ If yes, any special words to go to the restroom _____

Is child walking? _____ talking? _____ able to feed himself? _____ Language spoken at home _____

Additional information that would be helpful to the teachers (i.e. fears, medical conditions, custodial issues)

Church where your family is currently a member? _____

If parents can't be reached, who is available to pick up your child in case of illness or emergency?

Name _____ Relationship _____ Phone # _____ DL# _____

Name _____ Relationship _____ Phone # _____ DL# _____

Other than parents, who has standing authorization to pick up your child anytime? (May be same as above)

Name _____ Relationship _____ Drivers License # _____

Name _____ Relationship _____ Drivers License # _____

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the caregiver or person in charge to seek medical attention from the following physician. I give consent for this facility to secure any and all necessary emergency medical care for my child.

Physician _____ Address _____ Phone # _____

Hospital _____ Address _____ Phone # _____

Is child covered by health insurance? _____ If yes, Co. Name and Policy # _____

Parent signature _____ Date _____

I have read and accept the policies in the Parents' Handbook of MacArthur Blvd. Baptist MDO Program. **Initials** _____

Optional: I give permission for my child's picture to be displayed in the hallway, classroom or on the church's website. (Names would not be included.) **Initials** _____