

OFFICE USE ONLY	Birthday _____	Reg. Fee _____
Summer pmt _____	Age (9/1/19) _____	Supply Fee _____
Fall pmt _____	Class _____	Immunizations _____

MOTHER'S DAY OUT REGISTRATION – 2019/2020

Circle all that apply:

Sept 2019 – May 2020 school year

Child's Name _____ Name we should use _____
 Age _____ Birthdate _____ Sex _____ National Heritage _____ Language spoken at home _____

Who should we contact first with questions or problems?

Mother

Name _____
 Cell phone _____
 Occupation _____
 Email _____

Father

Name _____
 Cell phone _____
 Occupation _____
 Email _____

Address _____ City and State _____ Zip _____

Siblings' names & 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 _____

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

Church where your family is currently a member? _____

Other than parents, who has standing authorization to pick up your child anytime?

Name _____ Relationship _____ Drivers License # _____

Name _____ Relationship _____ Drivers License # _____

If parents can't be reached, who should we call to pick up your child in case of illness or emergency? (May be same as above)

Name _____ Relationship _____ Phone _____ DL# _____

Name _____ Relationship _____ Phone _____ DL# _____

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 _____

Health Insurance Company 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 or texted by a teacher to a parent. (Names would not be included.) Initials _____

