

CENTRAL BAPTIST CHURCH MOTHER'S DAY OUT
REGISTRATION FORM
2016-2017

Registration Fee \$40 Paid: Check # _____ Date _____

Please check days attending: Tuesday _____ Thursday _____ Both _____

Child's Name 1. _____ Birth date _____

2. _____ Birth date _____

Address _____ City _____ Zip _____

Home Phone # _____ Cell Phone # _____ Text? ___Yes ___No

Email _____

Child lives with: ___both parents ___mother ___father ___guardian

Mother's Name _____ Work Phone # _____

Place of Employment _____

Father's Name _____ Work Phone # _____

Place of Employment _____

Emergency Contact _____ Phone # _____

_____ Phone # _____

Doctor's Name _____ Phone # _____

Dentist's Name _____ Phone # _____

Names of person(s) authorized to pick up my child _____

CONSENT FOR EMERGENCY MEDICAL CARE

I hereby request and give consent to the Director of MDO, or a duly appointed representative, for my child to receive such medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of emergency when the parents/or legal guardians cannot be reached. I hereby give permission for my child to be given transportation to receive emergency medical treatment, by whatever means deemed necessary by the Director.

Is there medical or hospitalization insurance which provides benefits for this child? No ___ Yes ___

Name of Insurance Co. _____ Policy No. _____

Name of Policy Holder _____ Group No. _____

Parent or Legal Guardian Signature _____ Date _____

(Please complete reverse side.)

***PERSONAL HISTORY FORM**
(COMPLETE ONE OF THESE FORMS FOR EACH CHILD)

Child's Name _____ Date _____

Siblings (names/ages) _____

Church you attend _____

Previous daycare/preschool experience? _____

If so, where & when? _____

Allergies _____

Are there any medical problems of which we should be aware? _____

Does child have any bowel or bladder irregularities? _____

Are there any special food/eating instructions? _____

Are there any napping/sleeping instructions? _____

Additional information such as discipline, child's communication, comforting, etc.

** ADDITION PERSONAL HISTORY FORMS ARE AVAILABLE FOR FAMILIES WITH MORE THAN ONE CHILD ATTENDING MDO.
COMPLETEING THE REVERSE SIDE (REGISTRATION FORM SIDE) OF THIS PAGE WILL PROVIDE CONTACT INFORMATION FOR
ALL CHILDREN ENROLLED. PLEASE COMPLETE A PERSONAL HISTORY FORM FOR EACH CHILD AND RETURN ALL FORMS.*