

Summer Fall
(please circle preference)

2021-22

Tue ____ Thurs ____

First Baptist Church -Joelton

MOTHER'S DAY OUT REGISTRATION FORMS

Please complete all forms and return with a non-refundable \$50 registration fee.

In the event a class is full, your child will be placed on a waiting list

Child's Full Name _____ Male ___ Female ___

Preferred Name _____ Date of Birth _____ Age (as of 8/15/21) _____

Parent/Guardian Contact Information: (Please fill in completely)

Mother's Name: _____ Father's Name: _____

Home Address: _____ Home Address: _____

City Zip

City Zip

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

E-mail: _____ E-mail: _____

Home church: _____ Home church: _____

Employer: _____ Employer: _____

Employer Address: _____ Employer Address: _____

City Zip

City Zip

Work Phone: _____ Work Phone: _____

Work Hours: _____ Work Hours: _____

Previous Preschool/MDO/Daycare Experiences:

Has your child ever attended a preschool/daycare/MDO before? _____

**** A current immunization/health form must be included with registration for all students ****

Office use only: Date received _____ Fee paid _____ Immunization form _____
Pre-enrollment visit _____ Returning student () Yes () No
Class assigned to _____

EMERGENCY INFORMATION 2021-22

EMERGENCY CONTACT: (is authorized to act on parent's behalf if parents are unreachable in an emergency)

1. Name _____ Relationship _____
Home phone _____ Cell _____ Work _____
Address _____ City _____ Zip _____

MEDICAL INFORMATION:

Child's Physician:

Name: _____
Address: _____
Phone: _____

* Medical concerns/conditions: _____

* Current medications: _____

Child's Dentist:

Name: _____
Address: _____
Phone: _____

ALLERGIES: _____

Treatment required: _____

Dietary Restrictions: _____

TRANSPORTATION PLAN:

(adults (other than parents) to whom your child may be released, that are authorized to provide transportation for your child)

Name _____ Home phone _____ Cell _____
Relationship to child _____

Name _____ Home phone _____ Cell _____
Relationship to child _____

Parent Signature: _____ **Date:** _____

Consent and Authorization for Medical Treatment 2021-22

I hereby give my consent to the First Baptist Church- Joelton Mother's Day Out to act on my behalf in a medical emergency. I understand that every reasonable effort will be made to notify me. If I am unreachable, the emergency contact person noted on my child's registration form will be contacted.

Preferred Hospital: _____

Parent Name (please print): _____

Parent Signature: _____ **Date:** _____

PARENT SIGNATURE SHEET
2021-22

1. *First Baptist Church- Joelton Mother's Day Out Parent Handbook*

I have read the above policies and procedures and agree to all terms within. I also understand that should the need arise, I will receive in writing any changes to these policies.

Signature _____ Date _____

2. *Photography Release*

I give permission to the First Baptist Church- Joelton Mother's Day Out program to use my child's photo for craft projects and bulletin boards.

Signature _____ Date _____