

**PARENT SIGNATURE SHEET
2024-25**

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 there be a need, 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 _____

3. Consent and Authorization for Medical Treatment 2024-25

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:** _____

Office use only: Date received _____ Fee paid _____ Immunization form _____
Pre-enrollment visit _____ Class assigned to _____