

2025-26

Tue \_\_\_ Thurs \_\_\_

First Baptist Church -Joelton

**MOTHER'S DAY OUT REGISTRATION FORMS**

Please complete all forms and return with a non-refundable \$75 registration fee for each child.

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

Child's Full Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age (as of 8/15/25) \_\_\_\_\_

**PARENT/GUARDIAN CONTACT INFORMATION:** (Please fill in all sections)

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: \_\_\_\_\_

**TRANSPORTATION PLAN:** person's (other than parents) to whom your child may be released and 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: \_\_\_\_\_

**EMERGENCY INFORMATION 2025-26**

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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**MEDICAL INFORMATION:** (Please fill in completely)

**Child's Physician:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\* Medical concerns/conditions: \_\_\_\_\_

\* Current medications: \_\_\_\_\_

**Child's Dentist:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Allergies:** \_\_\_\_\_

Treatment required: \_\_\_\_\_

**\*For life-threatening allergies, we must have care instructions from the physician on file\***

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**CONSENT AND AUTHORIZATION FOR MEDICAL TREATMENT 2025-26**

I hereby give my consent to 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  
2025-26**

**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 \_\_\_\_\_

**Office use only:** Date received \_\_\_\_\_ Signature Sheet \_\_\_\_\_ Immunization form \_\_\_\_\_  
Pre-enrollment visit \_\_\_\_\_ Class assigned to \_\_\_\_\_

Child's Name \_\_\_\_\_

**Getting to know your child- MDO- 2025-26**

**Eating habits:**

1. At what time does your child eat: Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_
2. Does your child feed him/herself? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Food favorites: \_\_\_\_\_
4. Food dislikes: \_\_\_\_\_
5. Food Allergies: \_\_\_\_\_
6. Dietary restrictions: \_\_\_\_\_

**Sleep habits:**

Morning nap? Yes \_\_\_\_\_ No \_\_\_\_\_      Afternoon nap? Yes \_\_\_\_\_ No \_\_\_\_\_  
Naps from: \_\_\_\_\_ to \_\_\_\_\_      Naps from: \_\_\_\_\_ to \_\_\_\_\_  
Special blanket, lovie etc.? \_\_\_\_\_

**Toilet habits:**

Does your child tell you when they need to go? Yes \_\_\_\_\_ No \_\_\_\_\_  
~Typical time of bowel movement: \_\_\_\_\_  
Are they able to wipe by themselves or need assistance? \_\_\_\_\_  
Wear a pull-up/diaper at naptime? (if potty training) \_\_\_\_\_

**Speech and Physical Development:**

My child talks: \_\_\_\_\_ Well \_\_\_\_\_ Fairly well \_\_\_\_\_ Not very well \_\_\_\_\_ Not at all  
Crawling? Yes \_\_\_\_\_ No \_\_\_\_\_      Walking? Yes \_\_\_\_\_ No \_\_\_\_\_  
Any concerns about speech or physical development?  
If yes, what are your concerns? \_\_\_\_\_

**Social Development:**

How would you describe your child?  
\_\_\_\_ Outgoing \_\_\_\_ Shy \_\_\_\_ Quiet \_\_\_\_ Talkative \_\_\_\_ Active \_\_\_\_ Happy \_\_\_\_ Grumpy  
Is your child around other children on a regular basis? \_\_\_\_\_  
Do you have any concerns about their social development? \_\_\_\_\_  
If yes, what are your concerns? \_\_\_\_\_

**Any other information about your child that would help us in caring for them?**

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