

**First Baptist Church Mother's Day Out Program**

Ages 6 weeks to 4 yrs. old

2015./2016

**Please complete and return with the registration fee  
Registration fee is \$25.00 per child and non-refundable**

HOURS: 8:30am until 3:00pm Today's Date: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_  
Age (of of Sept 1, 2014): \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Siblings: Name \_\_\_\_\_ Birthday \_\_\_\_\_  
Name \_\_\_\_\_ Birthday \_\_\_\_\_  
Name \_\_\_\_\_ Birthday \_\_\_\_\_  
Party Responsible for Payment of Tuition: \_\_\_\_\_

**Two persons who can be reached in case of an emergency (Parents will be called first):**

Name \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Name \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Child may be released to (other than parents):**

Name \_\_\_\_\_ Phone: \_\_\_\_\_ Drivers Lic #: \_\_\_\_\_  
Name \_\_\_\_\_ Phone: \_\_\_\_\_ Drivers Lic #: \_\_\_\_\_

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

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your family attend church? \_\_\_\_\_ If yes, where \_\_\_\_\_

Parent Signature: \_\_\_\_\_

**Please attach a copy of your child's shot record and list any medical information we need.**

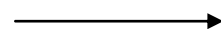
**We will also need a notarized medical release form on your child**

**(this can be done at the church office at no cost.)**

**OFFICE USE ONLY:**

REG. PAID: \_\_\_\_\_ DATE: \_\_\_\_\_ CHECK #: \_\_\_\_\_ CLASS ASSIGNED: \_\_\_\_\_

Please continue to back



By signing this document, I am acknowledging that I have read and agree to the 2015-2016 policies and guidelines outlined in the First Baptist Church Mother's Day Out Parent Information Packet.

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

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

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

Date: \_\_\_\_\_