

Days enrolled: M__T__W__T__

Mother's Day Out Registration

Child's Name _____ Name used at home _____

Date of Birth _____ Present age of child _____

Address _____
Street City State Zip Code

Father's Name _____ Mother's Name _____

Father's Telephone _____ / _____ / _____
Home Cell Work

Father's place of work _____
phone no. _____

E-mail address _____

Mother's Telephone _____ / _____ / _____
Home Cell Work

Mother's place of work _____
Phone no. _____

E-mail address _____

Brother's or Sister's Names & Ages _____

Does your child have any allergies? _____ If yes, please give details _____

What does your child need for an allergic reaction? _____

Is there anything in your child's medical history that would be helpful to the teacher of this facility? _____

Previous program attended _____

Church that you attend _____

Living Habits and Emotional Development (Answer where applicable)

1. Please provide all the information on the following:

Toilet Habits _____

Eating Habits and Difficulties _____

Sleep Habits (stomach, back, sleeps alone) _____

Does he/she resist naps _____, takes a daytime nap _____

Behavioral Habits (Biting, Hitting, Rough Playing at Home, Biting Nails, or

Sucking Fingers, Tantrums _____

2. Can child care for himself completely? Dressing _____ Toileting _____

Brushing teeth _____ Tying shoes _____ Other _____

3. Does your child have any fears? _____ State them _____

4. What are their reactions to strangers? _____

5. Does your child cry easily? _____ State causes _____

6. What types of discipline are used at home? _____

7. Is it easy for the child to be separated from either parents? _____

Explain family situations that would be helpful to us _____

PLAY LIFE

1. Does the child have their own room? _____ Puts their toys away _____

2. Special interests and toys _____

3. How does the child play with others? _____
4. Is it hard for the child to take turns? _____
5. Any information that would be helpful to the teacher _____
- _____

EMERGENCY INFORMATION FORM

Name of Child _____

Parents of Legal Custodians Names _____

Address _____

Phone Numbers _____ / _____ / _____
Home Cell Work

Name of person authorized to act for parents in an emergency

Name _____

Address _____

Phone Number _____ Relationship _____

Child's Doctor _____ Phone No. _____

Office Address _____
Street City State Zip Code

Insurance _____ Policy No. _____

Hospital I would want by child sent to _____

I give First Baptist Mother's Day Out my permission to seek medical treatment for my child in case of an emergency.

Date

Parent's Signature

AGREEMENT

1. I give permission for my child to be picked up by the following people:

-
2. I agree to make full payment for the days my child is enrolled in this program. I agree that I will pay for the days enrolled whether absent or present. I agree to give a 2 week notice before withdrawing my child from this program or dropping any days that my child is enrolled. I agree to pay \$5.00 every 10 minutes for a late fee after 2:30 p.m. I agree to make timely payments, either monthly (pay at the beginning), weekly, or every 2 weeks. I understand failure to do so will cause dismissal of my child.

Signature of person responsible for payment of child care

GENERAL FIELD TRIP FORM FOR ALL CHILDREN

I give permission for my child to take a walking field trip within the church building and grounds and the city park, which adjoins the church property.

Child

Parent's Signature

PRE-K FIELD TRIP FORM

Our pre-k classes will go on field trips outside the church several times throughout the school year. Prior notice will be given before a field trip is taken. Permission slips must be signed the day of the trip.

VIDEO RELEASE FORM

I, _____, parent or guardian of _____ do hereby give and grant permission unto First Baptist Mother's Day Out permission to use my child's photograph, and or video-taped image in photographs and video productions. (We use on bulletin boards or in our M.D.O. programs)

Date

Parent or Guardian Signature