

## MOTHER'S DAY OUT

First Baptist Church  
731-645-5326

**Child's Name** \_\_\_\_\_ Sex \_\_\_\_\_  
First Middle Last

Name child prefers to be called \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_

### PARENTS

**Mothers Name** \_\_\_\_\_

911 Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City State Zip Code

Where Employed \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Hours \_\_\_\_\_

**Father's Name** \_\_\_\_\_

911 Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City State Zip Code

Where Employed \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Hours \_\_\_\_\_

If parents are divorced, which parent has custody of child? \_\_\_\_\_

A deposit of **\$25.00 (non-refundable)** must accompany this enrollment form.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

### EMERGENCY INFORMATION

Person(s) to contact if parents are unavailable

**Child's Name** \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mother \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Father \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Person(s) to contact if parents are unavailable

Name #1 \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Name #2 \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

**Child's Physician** \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

In the event that I cannot be reached, I hereby give my permission for my child to receive any necessary emergency medical care or treatment. I understand that every effort will be made to contact me or my spouse before such action is taken. I will be responsible for the payment for such care of treatment.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

## Child Health and Personal Information

Does your child have allergies? \_\_\_\_\_ If yes to what? \_\_\_\_\_

Has the child been to a dentist? \_\_\_\_\_ Has the child's vision been tested? \_\_\_\_\_

Has the child's hearing been tested? \_\_\_\_\_ Does the child have a speech problem? \_\_\_\_\_

### Brothers and Sisters of Child

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade in School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade in School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade in School \_\_\_\_\_

Other members of the household, other than parents and siblings (include relationship and age)

\_\_\_\_\_

Does the child have their own room? \_\_\_\_\_ If not, with whom do they share a room? \_\_\_\_\_

Has the child had group play experience? \_\_\_\_\_ Where? \_\_\_\_\_

Does the child have neighborhood playmates? \_\_\_\_\_ Specify \_\_\_\_\_

\_\_\_\_\_

When and with whom does the child watch TV? \_\_\_\_\_

Does the child prefer to play alone? \_\_\_\_\_, with playmates? \_\_\_\_\_, with siblings \_\_\_\_\_,

or with adults \_\_\_\_\_

Does the child have imaginary playmates? \_\_\_\_\_

What pets does the child have? \_\_\_\_\_

What are the child's favorite indoor activities? \_\_\_\_\_

\_\_\_\_\_

List some of the child's favorite toys, play equipment and books \_\_\_\_\_

\_\_\_\_\_

Is the child right or left- handed? \_\_\_\_\_

Would you classify the child as a good \_\_\_\_\_ average \_\_\_\_\_ poor \_\_\_\_\_ eater?

Does the child feed himself or herself? \_\_\_\_\_ Wait to be fed? \_\_\_\_\_

Does the child nap during the day? \_\_\_\_\_ When? \_\_\_\_\_

Can the child decide when to go to the bathroom or is a reminder needed? \_\_\_\_\_

Does the child have any problems we should be aware of? \_\_\_\_\_

\_\_\_\_\_

Are there any special family circumstances which may be a factor in your child's present behavior? (divorce, death, new baby, recent move, hospitalization, etc.) \_\_\_\_\_

\_\_\_\_\_

What, if any, concerns do you have about your child's present behavior? \_\_\_\_\_

\_\_\_\_\_

What are you doing about those concerns? \_\_\_\_\_

\_\_\_\_\_

In what ways would you like to see your child develop during this year in our program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please add any comments that you feel will help us know your child better. Thank you very much for your help and entrusting your child in our care. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date Signature

Pick-Up Permission Form

I hereby give permission for my child, \_\_\_\_\_,  
to leave First Baptist Church Mother’s Day Out Program with the following person(s) named below. It is my  
responsibility to notify the center in writing of any changes to this permission.

Name	Relationship
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Date Signature of Parent or Guardian

If there is a separation or divorce custody problem of which we should be aware, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names of person(s) who may **NOT** pick up the child \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_