



# Mother's Day Out Enrollment Form

## CHILD

Name \_\_\_\_\_  
*First Middle Last Preferred First Name*

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ years \_\_\_\_ months Sex M F

## PARENTS

Mother \_\_\_\_\_

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

City and Zip \_\_\_\_\_

Employed at \_\_\_\_\_

Work Telephone \_\_\_\_\_ Work Hours \_\_\_\_\_

Father \_\_\_\_\_

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

City and Zip \_\_\_\_\_

Employed at \_\_\_\_\_

Work Telephone \_\_\_\_\_ Work Hours \_\_\_\_\_

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

A \$25 deposit and the health form must accompany this enrollment application.

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

## EMERGENCY INFORMATION

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

Mother \_\_\_\_\_ Cell \_\_\_\_\_ Work Phone \_\_\_\_\_

Father \_\_\_\_\_ Cell \_\_\_\_\_ Work Phone \_\_\_\_\_

### Person(s) to contact if parents are unavailable

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone # \_\_\_\_\_

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 of such care or treatment

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

## EMERGENCY INFORMATION

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

Name	Relationship
_____	_____
_____	_____
_____	_____

  

_____ Signature of Parent	_____ Date
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If there is a separation or divorce custody problem of which we should be aware, please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of person(s) who may NOT pick up the child: \_\_\_\_\_

\_\_\_\_\_

## FIELD TRIP PERMISSION FORM

I hereby give permission for my child, \_\_\_\_\_, to leave the FBC MDO premises under the supervision of the teacher for neighborhood walks or field trips in an authorized vehicle.

_____ Signature of Parent	_____ Date
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