

St. Paul's

Mother's Day Out & Development Center

Please fill out and return with \$25 registration fee

Child's Full Name: _____ First name he/she goes by: _____

Birthdate: _____ Age: _____ Sex: () Male () Female

Mailing Address: _____

City / State: _____ Zip: _____ Home Phone: _____

Presently Attend Church: _____ Where: _____

Father or Guardian's Name: _____ Relationship to child: _____

Father or Guardian's Place of employment: _____

Work Phone: _____ Cell Phone: _____

Mother or Guardian's Name: _____ Relationship to child: _____

Mother or Guardian's Place of employment: _____

Work Phone: _____ Cell Phone: _____

Marital Status of Parents: () Married () Separated () Divorced () Widowed

If Divorced:

Does child have a () Stepmother () Stepfather

If so, what is that person's name: _____

Who does this child live with and what are the custody arrangements?: _____

Church Preferences:

We already have a church home. We attend: _____

We would be interested in hearing about the activities and programs offered by St. Paul's Lutheran Church: () Yes () No.

Birth order of child: _____

Brothers and sisters of child:

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Names of people who have your permission to pick up your child:

Please list three people to contact in case of emergency if you cannot be reached:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

OVER

Please enroll my child:

() Tuesday and Thursday () Tuesday, Wednesday, and Thursday

Child's Physician: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Hospital Preference: _____

Please List any medical information we should know about your child: _____

Food Allergies: _____

Does exposure to the above foods require immediate medical attention?: _____

Other Allergies: _____

Does exposure to the above foods require immediate medical attention?: _____

Is your child up to date with his / her immunizations?: _____

If not, why?: _____

I, the undersigned parent / guardian of the above stated minor child, consent to medical treatment and / or surgery for the said minor child. I accept full responsibility for all services provided to my child in the event emergency care is needed.

Parent / Guardian Signature: _____ Date: _____ / _____ / _____

The above stated information is true and correct to the best of my knowledge. I have read the Mother's Day Out enrollment packet and agree to abide by the policies therein. In addition, I release and discharge St. Paul's Lutheran Church and it's employees from all claims, demands, actions, judgements, and executions which the undersigned and associates may have, or claim to have against Mother's Day Out and / or St. Paul's Lutheran Church and it's associates, for all personal injuries, known or unknown, and injuries to property, real or personal, caused by, or arising out of activities at Mother's Day Out. I have read this release and understand all it's terms.

Parent / Guardian Signature: _____ Date: _____ / _____ / _____