

Mother's Day Out Registration Form

(One Time Registration Fee Due Upon Enrollment)

Age on Aug 15, 2010
(Circle one)

- Baby (0-12 months)
- One
- Two
- Three
- Four

For office use only:
 Date received _____
 Deposit Amount _____
 Check Number _____
 Date of enrollment _____
 Class Assignment _____
 Summer or Fall Reg _____

Childs Name:	Phone Number:
Address:	City:
State:	Zip:
Birthday:	Gender:
Fathers Name:	Occupation:
Place of Employment:	Phone Number:
Mothers Name:	Occupation:
Place of Employment:	Phone Number:
Step Parent Name:	Phone Number:
Church you attend:	How Often:

How did you find out about the program?

Name, Address, and Phone number of a person that can assume responsibility for you child in case of an emergency if the staff us unable to contact a parent.

Name:	Relationship:
Address:	Phone Number:

Permission is hereby granted for Calvary Baptist Church Mother's Day Out personnel to meet the needs of my child in case of an emergency.

Signature of Parent:	Date:
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In my absence the following people may pick up my child.

Name:	Phone Number:
Name:	Phone Number:

List other house hold members and their relationship to your child.
(Brother, Sister, etc)

Name & age:	Relationship:
Name & age:	Relationship:
Name & age:	Relationship:
Name & age:	Relationship:
Name & age:	Relationship:
Name & age:	Relationship:

Childs Health Information:

Hearing Loss: Yes No	If yes Please Explain:
Speech difficulty: Yes No	If yes Please Explain:

Allergies (list all)

Other serious Illness or Conditions:

Notice

The purpose of Mother’s Day Out is to provide care and development of each enrolled child Spiritually, Mentally, Emotionally, Socially and Physically. This is to be accomplished by providing learning and development experiences consistent with the Christian principals of Calvary Baptist Church based on the Authority of the Bible. No discrimination will be made because of race, gender, or color. The program is an organization of Calvary Baptist Church of Greenwood and is part of the Church’s total Ministry.

*Please include a copy of your child’s shot record

Parent Signature:	Date:
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