

CrossWay Baptist Church Mother's Day Out
Registration 2010/2011

Child's Name _____ Birthdate _____ Sex _____

Please check the appropriate session.

Summer 2010 – 6/1- 7/15

September 2010 – May 2011

\$10 Registration Fee

\$75 Registration Fee

Please check the age group.

Ones –Must Turn 1 by Sept. 30

Twos – Must Turn 2 by Sept. 30

Threes - Must Turn 3 by Sept. 30

Pre-K Class – Must Turn 4 by Sept. 30
(entering Kindergarten 8/11)

Parent's Relationship to Each Other: Married Divorced Separated Single

**If divorced, a copy of the Divorce Decree noting guardianship, days of visitation, etc. must accompany this form.*

Child lives with (please check all that apply):

Mother and Father Mother Father Other

Father's Name _____ Driver's License _____

Home Address _____ Phone _____

City _____ State _____ Zip _____

Occupation _____ Employer _____

Work Phone _____ E-mail _____ Mobile _____

Mother's Name _____ Driver's License _____

Home Address _____ Phone _____

City _____ State _____ Zip _____

Occupation _____ Employer _____

Work Phone _____ E-mail _____ Mobile _____

Family religious preference _____ Church Membership _____

How did you find out about our program? _____

List at least one person who will be available to assume responsibility for your child in an emergency if a parent cannot be reached.

Name _____ Driver's License _____

Home Address _____ Phone _____

City _____ State _____ Zip _____

Occupation _____ Employer _____

Work Phone _____ Pager _____ Mobile _____

Release of Child

I authorize that my child, _____, be released by

CrossWay Baptist Church Mother's Day Out Early Education Program to the following persons, in addition

To those already listed on this form.

Name _____ Relationship to child _____
Home Address _____
City _____ State _____ Zip _____
Occupation _____ Employer _____
Work Phone _____ Home Phone _____ Mobile _____

Name _____ Relationship to child _____
Home Address _____
City _____ State _____ Zip _____
Occupation _____ Employer _____
Work Phone _____ Home Phone _____ Mobile _____

Medical Records Form and copy of health records

Name of child _____ Date of Birth _____

If your child has had any of the following illnesses please circle them.

Measles Mumps Rubella Chicken Pox
Whooping Cough Meningitis Convulsions or seizures

Does your child suffer from allergies: Yes / No

If yes to what: _____

Does your child have any evidence of the following?

Hearing loss or difficulties: Yes / No

Vision Difficulties Yes / No

Speech Difficulties Yes / No

Mobility Difficulties Yes / No

Please list and explain any of the following:

Hospitalizations: _____

Operations: _____

Other injuries or illnesses: _____

Are all immunizations up to date: Yes / No (**Please provide a record for our file**)

I certify that the above information is complete and correct to my knowledge.

Parent Signature _____ Date _____

Legal Guardian of _____ Date of Birth _____

Emergency contact is as follows for this child:

_____ phone: _____
_____ phone: _____

Emergency Medical Care

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize **CrossWay Baptist Church Mother's Day Out** staff to take my child to an Emergency Room, or to the following physician or his/her associates, for medical care.

Dr's Name _____ Hospital _____
Address _____ Phone _____
City _____ State _____ Zip _____
Occupation _____ Employer _____
Special Instructions _____

I give consent for any and all treatment deemed necessary by the attending physician.
(Attach a photocopy of your insurance card.)

(Signature of Parent/Guardian)

State of _____ County of _____

This instrument was acknowledged before me on
(date) _____ by _____

(Notary Seal)

(Signature of Notary Public)