

First Baptist Church Mother's Day Out Program
Ages 6 weeks to 4 yrs. old
2011/2012

PLEASE COMPLETE AND RETURN WITH THE REGISTRATION FEE
REGISTRATION FEE IS \$20.00 PER CHILD AND NON-REFUNDABLE

HOURS: 8:30am until 3:30pm

Date: _____

Child's Name: _____ Birthday: _____ Age: _____
(Last) (First) (Middle)

Name child prefers to be called: _____ Home Phone: _____

Address: _____ City: _____ Zip Code: _____

Father's Name: _____ Employer: _____

Daytime Phone: _____ Cell Phone: _____ Email Address: _____

Mother's Name: _____ Employer: _____

Daytime Phone: _____ Cell Phone: _____ Email Address: _____

Siblings: Name _____ Birthday _____

Name _____ Birthday _____

Name _____ Birthday _____

Party Responsible for Payment of Tuition:

Name: _____ Phone: _____

Two persons who can be reached in case of an emergency (Parents will be called first):

_____ Daytime Phone: _____ Cell Phone: _____

_____ Daytime Phone: _____ Cell Phone: _____

Child may be released to (other than parents):

_____ Phone: _____ Drivers Lic #: _____

_____ Phone: _____ Drivers Lic #: _____

Allergies: _____

Child's Physician: _____ Phone: _____

Does your family attend church? _____ If yes, where _____

Parent Signature: _____

First Baptist Church Mother's Day Out Program is a self-supporting non-profit organization.
Please attach a copy of your child's shot record and list any medical information we need.

OFFICE USE ONLY:

REG. PAID: _____ DATE: _____ CHECK #: _____ CLASS ASSIGNED: _____