

**Harris Creek Baptist Church
Mother's Day Out Program
Enrollment Information
2009-2010**

For Office Use Only
Date Received: _____
Time Received: _____
Supply Fee Paid: _____
Class Assignment: _____

Days Applying For: Tuesday only Thursday only Tuesday and Thursday

Child's Information

Full Name (Including Middle): _____

Nickname or other name the child goes by: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Gender: _____

Date of Birth: _____ Age on 9/1/09: _____

Child lives with: _____ Mother & Father _____ Mother _____ Father _____ Legal Guardian

Has child previously attended a MDO or preschool program? Yes / No If so, where? _____

Parent's Information

Parents are:

_____ Married _____ Divorced _____ Separated _____ Widowed _____ Other: _____

If divorced, who has legal custody? _____ Mother _____ Father _____ Both

May the non-custodial parent pick up the child? Yes / No ** If no, you must provide legal documentation.

Mother's Full Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Employer: _____

Email Address: _____ Church Membership: _____

Father's Full Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Employer: _____

Email Address: _____ Church Membership: _____

Legal Guardian's Name (if applicable): _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Employer: _____

Email Address: _____ Church Membership: _____

Parent/Legal Guardian Signature: _____ Date: _____

Emergency Contacts

Name two people who would assume responsibility for your child if you cannot be reached.

Full Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Relationship to child: _____ Alternate Phone: _____

Full Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Relationship to child: _____ Alternate Phone: _____

Authorized Pickups

I hereby authorize Harris Creek Baptist Church to allow my child to leave the facility with ONLY the following persons (these are in addition to the Emergency Contacts):

Full Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Relationship to child: _____

Full Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Relationship to child: _____

Full Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Relationship to child: _____

Full Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Relationship to child: _____

I understand that my child will only be released from Harris Creek Baptist Church to me or a person on this list. If someone who is not on this pick up list comes for my child, I will notify Harris Creek Baptist Church in advance by phone or in person, and the person must have picture identification. I also understand that any person delivering or picking up my child must sign in or out and make staff members aware of my child's arrival and/or departure.

Parent/Legal Guardian Signature: _____ Date: _____

Medical Information

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the person in charge at Harris Creek Baptist Church to take my child to:

Name of Physician: _____ Clinic: _____

Address: _____ City: _____ Zip: _____

Phone: _____

Name of Preferred Hospital: _____

Address: _____ City: _____ Zip: _____

Phone: _____

Insurance Company Name: _____ Policy #: _____

Phone: _____

I give consent for this facility to secure any and all necessary emergency medical care when my child is in the care of this physician and/or hospital or clinic.

Parent/Legal Guardian Signature: _____ Date: _____

Medical History

Please list any special needs or problems that your child has including allergies (food, medication, etc.), existing illnesses, previous serious illnesses, or serious injuries that we should be made aware of. Also include any hospitalizations during the past 12 months, and any medication prescribed for continuous, long-term use. Please write N/A if inapplicable.

Parent/Legal Guardian Signature: _____ Date: _____

Required Health Statement

In accordance with the Minimum Standards for child care centers, a health statement is required to be on file at the church before each child may attend the program.

In order for your child to be admitted to the program, you must have your child's doctor fill out and sign this form. We must also have a copy of your **child's current immunization record** before your child may attend the program.

Child's Name: _____

Date of Birth: _____

Physician's Statement

I have examined this child within the past year and find that the child is physically able to take part in the child care program.

Name of Physician: _____ Clinic: _____

Address: _____ City: _____ Zip: _____

Phone: _____

Physician's Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____