

**Harris Creek Baptist Church  
Mother's Day Out Program  
Enrollment Information  
2010-2011**

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

**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 9/1/10: \_\_\_\_\_

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: \_\_\_\_\_