

\$75.00 Registration
Received On: _____
Payment Method: _____

First Baptist Church Sherwood

Mother's Day Out

2017-2018 Enrollment Form

Tuesday
 Wednesday
 Thursday

1. Personal Information

Child 1 _____ DOB _____
Child 1 _____ DOB _____
Child 1 _____ DOB _____
Father's Name _____ Mother's Name _____
Mother's Maiden Name (for Immunization Registry) _____
Home Address _____
City _____ State _____ Zipcode _____
Home Phone _____ Dad's Cell Phone _____ Mom's Cell Phone _____
Father's Employer _____ Work Phone _____
Mother's Employer _____ Work Phone _____
Date Enrolled _____ Date Withdrawn _____



2. Family Information

Names and ages of others in the home:
Name _____ Age _____
Name _____ Age _____
Name _____ Age _____
Name _____ Age _____
Pets (names and type):
Name _____ Type _____
Name _____ Type _____
Name _____ Type _____
Church Attended by Family _____



3. Emergency Contact Information

Person to call if unable to reach a parent:
Name _____ Relationship to Child _____
Home # _____ Cell # _____
Address _____ City _____ State _____ Zipcode _____
**Is this person authorized to take the child(ren) from the program?* _____
List all other adults who are authorized to take the child(ren) from the program:
Name _____ 1st Phone # _____ 2nd Phone # _____
Name _____ 1st Phone # _____ 2nd Phone # _____

4. Medical Information

Physician _____ Phone # _____
Insurance Carrier _____ Policy # _____
Hospital Preference _____

I, _____, parent / guardian of _____ do hereby give my consent to the Director of FBCS Mother's Day Out, or her duly appointed representative, for said child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parents cannot be reached. Consent is also given for the Director or her duly appointed representative to transport said child for emergency medical treatment, if the parents cannot be reached.

Signed _____ Date _____

Medication Taken Regularly by Child: _____

Known Allergies: _____

Special Needs: _____



5. Parent Handbook

I understand I am obligated to follow all polices of the FBC Sherwood Mother's Day Out Parent Handbook, which includes a copy of the disciplinary policy. I understand that I may ask for a conference with the Director and/or Teacher as needed.

Parent/Guardian _____ Date _____

Monthly Fees: 1 day a week \$80.00 2 days a week \$160.00 3 days a week \$240.00