



# Mother's Day Out

## Registration Form Fall 2019

|                 |            |
|-----------------|------------|
| OFFICE USE ONLY |            |
| Non-refundable  |            |
| Paid: Yes       | Amt. _____ |
| Check #         | _____      |
| Date Received   | _____      |
| Teachers        | _____      |
| Sibling         | Age _____  |

Full Name of child \_\_\_\_\_, \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_  
last name first name


Name child goes by \_\_\_\_\_ Sex \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Address/City/St \_\_\_\_\_ zip code \_\_\_\_\_

Email Address: \_\_\_\_\_

Home phone \_\_\_\_\_ work/cell – mother's \_\_\_\_\_ father's \_\_\_\_\_

 Please fill out the form with an **ultra fine** Sharpie like **black** pen. Thanks!

baby chicks/bear cubs - 1's

One Day: \_\_\_\_\_ Wednesday

Two Days: \_\_\_\_\_ Monday/Thursday

\_\_\_\_\_ Tuesday/Friday or\*

the colts/tiger cubs - 2's/3's

One Day: \_\_\_\_\_ Wednesday

Two Days: \_\_\_\_\_ Monday/Thursday

\_\_\_\_\_ Tuesday/Friday or\*

the eagles/the lions - 3's

One Day: \_\_\_\_\_ Wednesday

Two Days: \_\_\_\_\_ Monday/Thursday

\_\_\_\_\_ Tuesday/Friday or\*

**\*any combination or number of days**

|  |  |                                   |                                   |   |
|--|--|-----------------------------------|-----------------------------------|---|
| How did you hear about our Mother's Day Out Program? | <input type="checkbox"/> WDJC          | <input type="checkbox"/> WLJR     | <input type="checkbox"/> Facebook | <input type="checkbox"/> publication ad |
|  | <input type="checkbox"/> word of mouth | <input type="checkbox"/> bulletin | <input type="checkbox"/> a friend |   |

Briarwood Church Member? [ ] Yes [ ] No If not, where \_\_\_\_\_

Persons to whom child may be released: \_\_\_\_\_

Name of persons authorized to act for parent in case of emergency:

1. Name and address \_\_\_\_\_ ph# \_\_\_\_\_

2. Name and address \_\_\_\_\_ ph# \_\_\_\_\_

Name of child's physician \_\_\_\_\_ ph# \_\_\_\_\_

Does your child have allergies? \_\_\_\_\_ If so, what? \_\_\_\_\_

In space below, give any other information the teacher should know about your child: physical condition, habits, likes and dislikes, etc. \_\_\_\_\_

If sibling is in the program at this time: sibling's name \_\_\_\_\_ age \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_