



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 ____/____/____

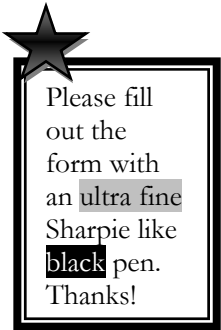
Name child goes by _____ Sex _____

Mother's Name _____ Father's Name _____

Address/City/St _____ zip code _____

Email Address: _____

Home phone _____ work/cell – mother's _____ father's _____



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 _____