

# MOTHER'S day out

## Registration Form

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Siblings: \_\_\_\_\_

Special Needs/Allergies/Etc.: \_\_\_\_\_

How did you hear about our program: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name and phone number of persons who would assume responsibility for your child in an emergency if MDO is unable to contact the parent(s).

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

I understand that special problems or occurrences, including communicable diseases will be brought to the attention of the parent(s) (i.e. chicken pox, etc.).

In order to meet all legal requirements, I hereby authorize any representatives of MDO to give consent for any and all necessary emergency medical care for my child while said child is in their care.

I do hereby release DFBC and any staff member of the MDO program from any and all injury claims that might occur while they are attending MDO.

I agree to and understand the above statements in total.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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Office Use Only

Session			Days			Registration Fee	
Spring	Summer	Fall	Tuesday Only	Thursday Only	Tuesday/Thursday	Paid Cash <input type="checkbox"/>	Check # _____