

Mother's Day Out Registration Form

Age as of Aug. 1st 2011

- Baby (0-12 months)
- One
- Two
- Three
- Four

For Office Use Only	
Date _____	
Deposit Amount _____	

Days of interest (circle one) Monday Thursday Both

Child's Name:	Gender:
Birthday:	Phone: () -
Address:	

Parents Information

Father's Name:
Place of Employment:
Cell Phone:
Mother's Name:
Place of Employment:
Cell Phone:
Church you attend: How Often:

How did you find out about our program?

In my absence the following people may pick up my child:

Name:	Phone: ()
Name:	Phone: ()

Child's Health Information:

Hearing loss or difficulty? Yes No	Speech difficulty? Yes No
If yes, explain:	
Allergies: (list all)	
Other serious illnesses or conditions:	

Contact information of who can assume responsibility for your child in case of an emergency.

Name:	Phone:
Address:	
Relationship to child:	

Permission is hereby granted for First Baptist Mother's Day Out personnel to meet the needs of my child in case of an emergency.

Signature of Parent:
Date:

Notice

The purpose for the Mother's Day Out program is to provide spiritual, mental, physical, emotional, and social development for each enrolled child. In order to accomplish these goals, we will provide developmentally appropriate experiences consistent with the Christian principles of First Baptist Church of Rogers based on the authority of the Bible. No discrimination will be made because of race, gender or color. The program is an organization and ministry of First Baptist Rogers.