

Mother's Day Out Registration Form

(One Time Registration Fee Due Upon Enrollment)

Age on Sept. 1st, 2009: (check one)

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

For Office Use Only

Date Received _____

Deposit Amount _____

Check Number _____

Date of enrollment _____

Class assignment _____

Child's Name:	Phone Number:
Address:	City:
State:	Zip:
Birthday:	Gender:
Church you attend:	How often:
Father's Name:	Occupation:
Place of Employment	Phone:
Mother's Name:	Occupation:
Place of Employment	Phone:
Step Parent Name	Phone:

How did you find out about our program?

Name address and phone number of a person who can assume responsibility for your child in case of an emergency if the staff is unable to contact a parent:

Name:	Relationship:
Address:	Phone:

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

Name:	Phone:
Name:	Phone:

List other household members and their relationship to your child (brothers, sisters, etc.):

Name:	Relationship:	Age:
Name:	Relationship:	Age:
Name:	Relationship:	Age:
Name:	Relationship:	Age:

Child's Health Information:

Hearing Loss or difficulty? Yes No	If yes, explain:
Speech difficulty? Yes No	If yes, explain:

Allergies (list all):

Other serious illnesses or conditions:

NOTICE

The purpose of the Mother's Day Out program is to provide care and development of each enrolled child spiritually, mentally, physically, emotionally, and socially. This is to be accomplished by providing learning and developmental experiences consistent with the Christian principles of the 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 of the First Baptist Church of Rogers and is part of the church's total ministry.