



# Mother's Day Out Registration Form

2010 - 2011

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

Name child goes by: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Gender:  Male  Female

Has your child previously attended a paid program here?  Yes  No

What methods of discipline work best with your child? \_\_\_\_\_

Please check one:

Siblings:  Yes  No Ages: \_\_\_\_\_

My child is:  Active/Verbal

Somewhere in-between

Shy/Quiet

## Parents/Guardian Information

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

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

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

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

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

Beeper/Pager/Cell: \_\_\_\_\_

Beeper/Pager/Cell: \_\_\_\_\_

Marital Status:  Married  Divorced

If separated or divorced who has legal custody?

Separated  Widowed

Mother  Father  Other \_\_\_\_\_

Single

(Court papers are required if the non-custodial parent cannot pick-up.)

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

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

## Emergency Contact/Approved Pick-up List

Name: \_\_\_\_\_

Phone #1 \_\_\_\_\_

Relation: \_\_\_\_\_

Phone #2 \_\_\_\_\_

Name: \_\_\_\_\_

Phone #1 \_\_\_\_\_

Relation: \_\_\_\_\_

Phone #2 \_\_\_\_\_

Name: \_\_\_\_\_

Phone #1 \_\_\_\_\_

Relation: \_\_\_\_\_

Phone #2 \_\_\_\_\_

Name: \_\_\_\_\_

Phone #1 \_\_\_\_\_

Relation: \_\_\_\_\_

Phone #2 \_\_\_\_\_

**Medical Information**

In the event of an emergency, every effort will be made to reach parents. If parents cannot be reached I authorize Ridgedale Baptist Church to take any of the following actions, depending on the severity of the emergency: (Please check ALL that apply)

- Please take my child to the nearest emergency room  Children's Hospital or  Fort Sanders Downtown Knox.  
 Please take my child ONLY to Children's Hospital

Please note that our staff is American Red Cross CPR Trained. We will contact EMS (911) anytime we feel that it is warranted.

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

**Please list any special medical needs or allergies (environmental, food and medical):**

\_\_\_\_\_  
\_\_\_\_\_

**Does your child have any hearing or speech problems?**  Yes  No **If yes, describe:**

\_\_\_\_\_  
\_\_\_\_\_

**Please answer the following questions:**

1. Is your child currently taking any medication?  Yes  No
2. Does your child have any allergies or reactions to insect stings or bites?  Yes  No **Describe:** \_\_\_\_\_  
\_\_\_\_\_
3. Has your child had asthma or wheezing?  Yes  No
4. Has your child ever had chicken pox?  Yes  No **Date:** \_\_\_\_\_
5. Has your child had allergic skin reactions such as hives, welts, contact dermatitis, etc?  Yes  No **Which ones:** \_\_\_\_\_  
\_\_\_\_\_

**Please answer the following:**

1. My child's immunization and health records are current. You must provide Ridgedale Baptist Church a copy for their records.  
Initial \_\_\_\_\_
2. I give permission for my child's picture to be used on bulletin boards, newsletters and/or Ridgedale Baptist Church website and on any leaflets Ridgedale Baptist Church may use.  
Initial \_\_\_\_\_
3. If a new student please give date of pre-enrollment visit to center: Date \_\_\_\_\_
4. I am  Ridgedale Member  Attend Ridgedale  
 Member or attendee another local church or place of worship  
Where: \_\_\_\_\_

I understand it is my responsibility to change any information on this form as needed. I also understand that my child will not be released to anyone who is not on this form. By this signature, I am verifying that the above information is true and correct to the best of my knowledge.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Mother's Day Out Handbook  
Acknowledgement Form and Signatures***

**Licensing:**

I understand that Ridgedale Baptist Church Mother's Day Out is not licensed and is not required to be licensed by the state as a child care agency. §71-3-503 (2005) (12)(2)

**Photos and Marketing:**

I give Ridgedale Baptist Church permission to use my child and/or children's photos and/or videos in brochures, websites, and any other marketing programs to publicize these and/or any Christian programs. Note: Names will not be posted to protect identity.

**Permission to Communicate Directly to Doctors:**

I give consent to my child's health care provider and Ridgedale Baptist Church Programs to communicate directly with one another in the event that such communication could result in a better understanding of my child's development and/or participation in group care. Health Care Provider Name \_\_\_\_\_ Phone \_\_\_\_\_

**Acknowledgement of Handbook Policies:**

By my signature below, I acknowledge that I have read and agree to abide by the policies and procedures stated in this handbook.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please sign and return to the Mother's Day Out Office.