



## MOTHER'S DAY OUT Application For Enrollment

DATE \_\_\_\_\_ PHONE \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ SEX \_\_\_\_ BIRTHDATE \_\_\_\_\_

CHILD'S ADDRESS \_\_\_\_\_  
Street City/State ZipCode

MOTHER'S NAME \_\_\_\_\_

MOTHER'S ADDRESS \_\_\_\_\_  
Street City/State ZipCode

FATHER'S NAME \_\_\_\_\_

FATHER'S ADDRESS \_\_\_\_\_  
Street City/State ZipCode

PARENT'S E-MAIL ADDRESS \_\_\_\_\_

FAMILY CHURCH MEMBERSHIP \_\_\_\_\_

Names and ages of other children in your family \_\_\_\_\_

Is your child potty trained? \_\_\_\_\_ Physical/emotional handicap? \_\_\_\_\_

Does child have allergy? \_\_\_\_\_ If yes, please specify \_\_\_\_\_

Name, Address and Phone of Child's Doctor \_\_\_\_\_

Phone numbers where you can be reached during Mother's Day Out hours: \_\_\_\_\_

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

Another contact in case of emergency (name and phone number) \_\_\_\_\_

In signing this application, so you authorize the teacher in charge to take your child to another medical doctor in case of emergency if both parents and child's doctor aren't available \_\_\_\_\_ Hospital preference \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

**CHOICE OF DAY:** 1<sup>ST</sup> \_\_\_\_\_ 2<sup>ND</sup> \_\_\_\_\_ 3<sup>RD</sup> \_\_\_\_\_