

2017-2018
MDO Registration and Release
Faith Baptist Church

Tuesday and Thursdays 9am—2pm
3755 N Germantown Road
Bartlett, TN 38133
(901) 531-6811

DATE: _____
Class: _____
Teacher: _____
Assist: _____
Non-refundable Registration Fee \$65 Check # _____
Non-refundable Activity Fee \$50 Check # _____
1st Month Tuition Fee Check # _____
Start Date _____

Name child is called by: _____

Full Name _____

Date of Birth: _____ / Age _____

Male: _____ Female: _____

Address: _____ City/State _____ Zip _____

Home Phone _____

PARENT INFORMATION

Mother's Name: _____

Cell # _____ Work # _____

Home Church _____

Father's Name: _____

Cell # _____ Work # _____

Home Church _____

Parents are: Married _____ Separated _____ Divorced _____ Who has custody? _____

Child lives with: Both _____ Mother _____ Father _____ Other _____

Family E-mail (list e-mail addresses to receive additional information)

***** **EMERGENCY INFORMATION** *****

Name of person, other than parent, authorized to act in an emergency:

Name: _____ Phone: (C) _____

Relationship: _____ Phone: (H) _____

Name: _____ Phone: (C) _____

Relationship: _____ Phone: (H) _____

Physician/Practice: _____

Phone: _____

Health Insurance Carrier: _____

Hospital Affiliation: _____

Related Medical Information (please list any **allergies**, medication, or health problems)

PICK-UP INFORMATION

Please list individuals who are authorized to pick up your child (including you and your spouse).

Name and Relationship: _____

Name and Relationship: _____

Name and Relationship: _____

Name and Relationship: _____

IN CASE OF EMERGENCY AND I CANNOT BE REACHED, I DO HEREBY AUTHORIZE EMERGENCY CARE FOR MY CHILD.

Parent's Printed Name

Parent's Signature

Date

RELEASE FORM

I _____, parent or legal guardian of _____, hereby release Faith Baptist Church's Mother's Day Out Program and all employees, agents, heirs, and assigns of Faith Baptist Church from any and all liability, but not limited to, personal injury suffered by the above named child while in the care of Faith Baptist Church. I understand that this form

does not release Faith Baptist Church from liability resulting from neglect or malicious intent.

Parent or Legal Guardian: _____

Date: _____

MEDICAL AUTHORIZATION

I _____, parent or legal guardian of _____, hereby give permission to Faith Baptist Church's Mother's Day Out Program and its agents to take the above named child to a doctor, emergency medical facility, or a hospital if, in the opinion of the employees or agents of Faith Baptist Church, said child requires medical attention in the form of a visit to a doctor, emergency facility, or hospital.

Parent or Legal Guardian: _____

Date: _____

Please Note:

This facility is not required to be licensed by the state as a child care agency.

I have read the above statement and have been advised that Faith Baptist Church's Mother's Day Out is not licensed as a child care agency.

Parent or Legal Guardian: _____

Date: _____

PARENT FEEDBACK

How did you first learn about Faith Baptist Church's Mother's Day Out?
Please check one.

Faith Baptist Church _____ Other _____

Family _____ Friends _____ Website _____

Which factor(s) influenced your decision to apply to Faith Baptist Church's MDO?
Please check all that apply.

Academics/Curriculum _____ Christian Environment/Teachers _____

Affordability _____ Faith Baptist Church _____

Know others who attend MDO at Faith _____

Convenient Location _____

Reputation _____ Extra Curricular activities _____

Other _____

Helpful information

Is your child accustomed to taking a nap? _____

How Long? _____

Is your child toilet trained? _____

Any particular fears?

Has your child ever attended a MDO/Preschool/childcare facility? _____

If so, where? _____