

**2022-2023**  
**MDO Registration and Release**  
**Faith Baptist Church**

Tuesday and Thursdays 9am—2pm  
3755 N Germantown Road  
Bartlett, TN 38133  
(901) 531-6786

DATE: _____
Class: _____
Teacher: _____
Assist: _____
Non-refundable Registration Fee \$70 Check # _____
Non-refundable Activity Fee \$60 Check # _____
1st Month Tuition Fee \$180 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? \_\_\_\_\_