



Parkway Baptist – Mother’s Day Out Student Enrollment Application

Child’s Name _____ Age _____ Birthday _____ Gender _____

Address _____

Mother’s Name _____ Cell Phone _____

Occupation _____ Work Phone _____

Employer _____ Address _____

Father’s Name _____ Cell Phone _____

Occupation _____ Work Phone _____

Employer _____ Address _____

I would like my child enrolled in the 2, 3, 4, and 5-year-old program on Tuesday and Thursday _____

I would like my child enrolled in the 2, 3, 4, and 5-year-old program on Tues., Wed., Thursday _____

I would like my child enrolled in the 2, 3, 4, and 5-year-old program only one day a week on _____

I would like my child enrolled for Walk-Ins _____ Age _____

Names and ages of siblings in our program:

Do you attend church, if so where? _____

What would you like for our staff/teachers to know about your child(ren)? (personality, special interests or needs, allergies, etc)

Is your 2-yr-old potty-trained or currently potty-training? Please share with us any necessary information to support this process. (Key words, rewards used, etc.)



Child Pick Up Release Form

Please list at least 3 authorized persons below who will be available to pick up your child(ren), and assume responsibility for them in an emergency if parents cannot be reached.

Name _____ Relationship to child _____

Address _____ Phone _____

City _____ State _____ Zip _____

Work Phone _____ Cell _____

Name _____ Relationship to child _____

Address _____ Phone _____

City _____ State _____ Zip _____

Work Phone _____ Cell _____

Name _____ Relationship to child _____

Address _____ Phone _____

City _____ State _____ Zip _____

Work Phone _____ Cell _____

Parent Agreement

I, _____, whose child _____ is enrolled in the Mom's Day Out program at Parkway Baptist, have received a copy of the Parent Manual. I have read and understand these policies and guidelines, and I agree to abide by them.

Signature of Parent/Guardian

Date



Mom's Day Out Photography Release

Date: _____

I give my permission for _____ or

I DO NOT give my permission for _____

to be photographed and/or videotaped by teachers and staff of MDO at Parkway Baptist, as approved by the Directors of the program for purposes of advertising, public relations, and family enrichment.

Parents Signature: _____

Date: _____



Medical Release Form

Parkway Baptist Mom's Day Out

Please complete one form per child. All forms **MUST BE NOTARIZED**.

Please print in black or blue ink to ensure legibility.

Child's Full Name: _____

Child's Address: _____

City/State/Zip: _____

Child's Birth Date: _____ Age: _____ Child's SSN _____

Child's Primary Physician: _____ Physician Phone: _____

Parent(s)/Legal Guardian(s) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer: _____

Daytime Phone Number: _____ Cell Phone: _____

Is your child currently taking any medication? _____

If yes, please list the medication and frequency it is to be taken: _____

Does your child take medication for allergies? Yes No

If yes, please list _____

Please list any other known allergies: _____

Is your child up to date on immunizations? Yes No

Please list any medical conditions your child has, such as diabetes, asthma, heart problems, migraine headaches, epilepsy, or sinus trouble: _____

If your child has a minor scrape, cut, bite, or sting may we apply topical antibiotic/anti-itch ointments?

Yes No

EMERGENCY MEDICAL AUTHORIZATION

In the event of an emergency, I hereby give permission to the Mom's Day Out/Parkway Baptist staff that is with my child to provide and obtain medical assistance for my child. I also give permission to the Medical Personnel selected to secure proper treatment for my child. This medical release form is valid for one year from the date of signing when properly completed and notarized.

Parent/Legal Guardian Signature: _____

Insurance Company: _____

Policy Number: _____

If I can't be reached please notify: _____ Phone: _____

Relation of emergency contact to be notified: _____

****It is the responsibility of the parent/legal guardian to complete new forms and return them to the Mom's Day Out Director as soon as possible if any of the above information changes.**

State of Georgia

County of _____

Personally appeared before me, _____ with whom I am personally acquainted and who acknowledged that he/she is the parent/legal guardian of the above child.

Sworn to and subscribed before me this _____ day of _____.

My commission expires: _____ Notary Public: _____.