

REGISTRATION INFORMATION

Please attach \$60 Registration Fee

Date of Admission: _____

Child's Name: _____ Date of Birth: _____

Parent's Name: _____

Address: _____ Zip: _____ Phone # _____

Phone # Where Parents May Be Reached:

Father: _____ Mother: _____

Emergency Names and Phone Numbers:

Name: _____ Phone No.: _____

Name: _____ Phone No.: _____

Name: _____ Phone No.: _____

Name: _____ Phone No.: _____

Person(s) To Whom Child May Be Released:

Name: _____

Name: _____

Name: _____

Child will not be released to any person not listed.

Name, Address and Phone Number of Your Child's Physician:

Name: _____ Phone No.: _____

Address: _____

List any special problems your child may have, such as allergies, existing illness, previous serious illness, injuries during the past 12 months, recent hospitalization, medication prescribed for long term conditions and any other information which you feel important:

I give my permission for my child to participate in supervised out-door activities.

Signature: _____ Date: _____

**AUTHORIZATION FOR
EMERGENCY MEDICAL ATTENTION**

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the Dellview Baptist Church Mother's-Day-Out Director or a church staff member designated by the MDO Director to take my child to or have my child transported by Emergency Medical Service to:

Name, Address and Phone Number of Your Preferred Hospital:

Name:_____ **Phone No.:**_____

Address:_____

or the nearest available hospital/clinic as needed for the emergency condition.

I give permission for necessary emergency treatment when my child is in the care of this physician and/or hospital/clinic.

Signature:_____ **Date:**_____

**A copy of your child's immunization record must be on file
and must be updated as needed.**

Additional Comments or Information:

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**I, _____ (parent/guardian) give my
permission for my child _____ to be photographed
for church or MDO use only.**

_____ **Signature**

_____ **Date**