

Class: _____
M/W _____
T/Th _____

Office use only:
Date: _____ Check#/Cash _____ Amount _____



Moms Morning Out Preschool

*A ministry of Praise Covenant Church
2017/2018 Registration Form



Child's Name _____
Date of Birth _____ Age _____ Boy _____ Girl _____
Is there a different name you'd like us to use on nametags and name recognition activities? If so, what name would you like us to use? _____
Mom's Name _____
Dad's Name _____
Home Address _____ City _____ Zip _____
Who does the child live with? Mom and Dad _____ Mom only _____ Dad only _____
Split custody _____ Other, who? _____
Home phone _____
Mom's Cell _____ Can we text you? Y _____ N _____
Dad's Cell _____ Can we text you? Y _____ N _____
Mom's occupation _____
If we can contact you at work, please provide your number: _____
Dad's occupation _____
If we can contact you at work, please provide your number: _____
Language spoken in the home _____
Siblings and age(s) _____
Favorite play activities _____
Home church, if any _____

Emergency Information

In the case of an emergency, and parents are unavailable, I give permission for any of the following individuals to be contacted and my child may be released to any of the following people if necessary:

Name _____ Relationship _____
Home# _____ Work# _____ Cell # _____
Name _____ Relationship _____
Home# _____ Work# _____ Cell # _____
Name _____ Contact Number _____
Name _____ Contact Number _____

Is there anyone who cannot pick up your child? No _____ Yes _____

Name _____
Comments: _____

Health Information

Child's doctor _____ Phone # _____

Does your child have any **allergies**? No _____ Yes _____

Please list: _____ reaction _____
_____ reaction _____
_____ reaction _____

If your child has any physical, behavioral, or emotional conditions that might affect his/her behavior, please explain: _____

Was your child born premature? No _____ Yes _____ If so, at how many weeks: _____

Please check one of the following:

My child is fully vaccinated _____ My child is on a delayed vaccination plan _____

I do not plan to vaccinate my child _____

In the event that I cannot be reached to make arrangements for emergency medical care, I hereby authorize Praise Covenant Church/ Moms Morning Out Preschool to give consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance to an emergency center for treatment when he/she is in the church's care.

Parent Signature _____ Date _____

I hereby authorize Praise Covenant Church/Moms Morning Out Preschool to publish or post photographs taken of me and/or my minor child for use in Praise Covenant Church's printed publications, projections, and website. I release Praise Covenant Church from any expectation of confidentiality for the enrolled minor child and myself and attest that I am the parent or legal guardian of the enrolled child and that I have the authority to authorize Praise Covenant Church to use their photograph. I acknowledge that since participation is voluntary, neither the minor child nor I will receive financial compensation. I further agree that participation in any publications, projections, or websites produced by Praise Covenant Church confers no rights of ownership whatsoever. I release Praise Covenant Church, its officers, trustees, and its employees from liability for any claims by me or any third party in connection with my participation or the participation of my minor child.

_____ **I agree.** Parent Signature _____ Date _____

_____ **I DO NOT agree.** Parent Signature _____ Date _____

However, pictures of my minor child can be posted in our Preschool hallway at the church.

Parent Signature _____ Date _____

By enrolling my child, I agree to the following payment of \$ _____ per quarter whether or not my child attends each day.

Parent Signature _____ Date _____