

Mother's Day Out Registration

Bartlett Hills Baptist Church
4641 Ellendale Rd. Bartlett TN 38135

CHILD INFORMATION (New Returning NAME OF CHILD _____ NICKNAME _____

Male Female

_____/_____/_____
DATE OF BIRTH

AGE (AS OF AUG 15, 2015)

ADDRESS _____ CITY _____ STATE _____ ZIP _____

Please indicate the day(s) that the child will attend? Tuesday Thursday Friday

FAMILY INFORMATION

Parent/Guardian #1 Primary Contact

Parent/Guardian #2 Primary Contact

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

ADDRESS _____

ADDRESS _____

CITY, STATE, ZIP _____

CITY, STATE, ZIP _____

PHONE _____ WORK PHONE _____

PHONE _____ WORK PHONE _____

OCCUPATION _____ EMPLOYER _____

OCCUPATION _____ EMPLOYER _____

EMAIL _____

EMAIL _____

Who is the child currently living with? _____

Who is responsible for the child's tuition? _____

Please list any other person(s) to whom the child may be released. Anyone picking up a child will need to present a photo ID (i.e. drivers license) to staff for release of children. We will not release your child unless proper identification is given.

CUSTODY ALERT

List person(s) to whom the child may NOT be released. _____

ALLERGY ALERT

EPI PEN REQUIRED/INCLUDED

ALLERGIES AND DIETARY RESTRICTIONS (including food, medication, insects, etc):

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MEDICAL INFORMATION

HEALTH INSURANCE / PHYSICIAN

INSURANCE COMPANY

POLICY GROUP NO.

PARTICIPANT ID NO.

PHYSICIANS NAME

OFFICE PHONE NO.

IMMUNIZATIONS: Are the child's immunizations current? YES NO

SPECIAL NEEDS: Are there any physical, mental, psychological or behavioral conditions requiring medication, treatment, or special restrictions or considerations while at MDO of which we should be aware to ensure your child's fullest enjoyment of their experience? Please describe, including any special accommodations necessary. Please note that it is your responsibility to supply any necessary medical equipment, which relates to a specific medical condition. Are there any activities from which the child should be exempted for health reasons?

YES NO

If yes, please explain: _____

Is your child toilet trained? (Preschool 3 must be in the process of training to start, PreK must be fully trained to enroll—no exceptions).

YES NO

How would you classify his/her speech? GOOD FAIR INDISTINCT DOESN'T SPEAK BILINGUAL

Time-out is our preferred method of classroom discipline. Is time-out effective with your child? YES NO

WAIVER AND RELEASE

Bartlett Hills Baptist Mother's Day Out is not a licensed, full-time child-care center. We operate in accordance with the TN Department of Human Service guidelines for MDO/PDOs.

PERMISSION TO SECURE TREATMENT: In the event of any emergency, I authorize the staff of Bartlett Hills MDO to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered. I understand that this authorization includes transporting my child by ambulance if necessary to the nearest medical treatment facility or hospital if I am unable to be reached first.

PHOTOGRAPHY RELEASE: I give permission for my child's picture to be used in advertisements for Bartlett Hills Baptist Church.

YES NO

I have read and fully understand the above *Permission to Secure Treatment, Release of Liability, and Photography Release.*

SIGNATURE OF PARENT OR GUARDIAN

DATE

PRINTED NAME