

**Grace Presbyterian Mother's Day Out Registration Form**

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent's Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Mom cell \_\_\_\_\_ Dad cell \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

**ALLERGIES:** No \_\_\_ Yes \_\_\_ If yes, what? \_\_\_\_\_

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My child does/does not have permission to eat snacks.  
Circle one

**Responsible Adults Other Than Parent in the Event of an Emergency:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**\*Send a copy of Immunization Record! Immunizations must be current.**

In case of emergency, I give my permission to Grace Mother's Day Out to seek medical attention for my child/children, if injured while at Mother's Day Out.

\_\_\_\_\_  
Date \_\_\_\_\_  
Parent's Signature

I understand that I am obligated to give two weeks written notice prior to leaving Grace Mother's Day Out Program. I will notify the program when my child will be absent for more than three (3) consecutive days. I understand that with three consecutive unnotified absences, my child could be dropped from the program.

\_\_\_\_\_  
Date \_\_\_\_\_  
Parent's Signature

**For office use only**

Fall/Summer 20 \_\_\_\_\_

Days T W TH

Reg. Fee \_\_\_\_\_

Ck# \_\_\_\_\_

Copy of Immunization\* yes \_\_\_ no \_\_\_