

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? _____

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 ___