

EPWORTH CHURCH

A Methodist Congregation

Mom's Day Out / Preschool STUDENT REGISTRATION

Date: _____

Registering for: Mom's Day Out Tuesday Thursday
 3-day Preschool (Tuesday, Wednesday, Thursday)

CHILD'S NAME: _____ Called/Goes by: _____

BIRTHDATE: ____/____/____ Current age: _____ MALE: FEMALE:

Home Address: Street _____

City _____ State _____ Zip _____

Contact Numbers: Primary Phone#: (_____) _____

(1) (_____) _____ Mom Dad Other: _____

(2) (_____) _____ Mom Dad Other: _____

(3) (_____) _____ Mom Dad Other: _____

Church Affiliation: _____

Child's Legal Guardians: () Both Parents () Mother () Father () Other _____

Mother's Name: _____ Email: _____

Address if different from above: _____

Employer: _____ Phone: _____

Father's Name: _____ Email: _____

Address if different from above: _____

Employer: _____ Phone: _____

EMERGENCY CONTACT: (Please Print)

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Persons this child may be released to:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

SIBLINGS & AGE: _____

Special needs or instructions: _____

Photo/Video/Website Permission: I give my permission for my child to be photographed or video taped while participating in Epworth Kidz Preschool, Mom's Day Out, or other activities sponsored by Epworth Methodist Church. These images may be used to promote Epworth's children's programs and events.

YES: _____ NO: _____

>>Signed: _____ Date: _____

MEDICAL INFORMATION:

****ALLERGIES:** _____

Restrictions to activities or any pre-existing conditions of which to be aware: _____

Current medications prescribed for long-term use: _____

Child's Physician: _____ **Phone:** (____) _____

Address: _____ **Preferred Hospital:** _____

EMERGENCY AUTHORIZATION:

I give permission for Epworth Church Mom's Day Out / Preschool to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to hold the Epworth Church, the staff and caregivers, free and harmless from any claims, demands, law suits and liabilities for any damages or injuries in this event. I agree to be responsible for any emergency medical expenses incurred. I give permission for this facility to administer Syrup of Ipecac to my child in accordance with instructions from the poison control center.

>>Signature: _____ Date: _____