

**WOODLAND HEIGHTS BAPTIST CHURCH
MOTHER'S DAY OUT/PRESCHOOL REGISTRATION**

2010 - 2011 School Year

Child's Name _____ Nickname _____ Birth Date _____ Sex _____

Address _____ City, Zip _____ Phone # _____

Father's Name _____ D.L. # _____ State _____

Employer _____ Work Phone # _____ May we call you at work? **Y / N**

Cell # _____ E-Mail _____

Mother's Name _____ D.L. # _____ State _____

Employer _____ Work Phone # _____ May we call you at work? **Y / N**

Cell # _____ E-Mail _____

In case of an emergency and parents cannot be reached, give 2 names & local telephone numbers of someone who is authorized to act on your child's behalf.

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

I authorize that my child may leave the school with the following persons only.

(Include parents & guardians.)

Name _____ Relationship _____ DL# _____ State _____

Name _____ Relationship _____ DL# _____ State _____

Name _____ Relationship _____ DL# _____ State _____

Name _____ Relationship _____ DL# _____ State _____

I hereby certify that the above information is correct and give my child permission to participate in the Mother's Day Out/Preschool Program at Woodland Heights Baptist Church.

Parent's Signature _____ **Date** _____

Medical Authorization

Our policy, in the event of a medical emergency is to contact you first. If we cannot contact you, we will try to contact any others you may designate. In the event that we are unable to contact you or your designated representative(s), or if the medical emergency warrants immediate response, we will act on your behalf and in the best interest of the child.

Child's Name _____ Name of Insurance Company _____

Name of Insured _____ Policy # _____ Group # _____

Medical Information Request

List all medications child may be taking _____

List all food, medication, and environmental (ant bites, pollen, etc.) allergies your child may have.

Describe any illness or injury which required hospitalization the past 12 months.

Parent's Signature _____ **Date** _____

Please attach a copy of the most recent shot record and a recent photo of your child.

This registration form is not complete until payment is received.

Are you attending members of a local church? **Y / N** If so, where? _____

If no church membership, please give religious preference. _____

May we send you the church monthly bulletin that includes information on activities or Bible studies you or your child may be able to attend? **Y / N**