

First Baptist Church Mother's Day Out Enrollment 2012-2013

325 W. McCarty Lane, San Marcos, TX 78666

Child's Name: _____ Name Child Prefers: _____

Home Address: _____ City/Zip: _____

Home Phone: _____ Birthday: _____

Email Address: _____

Mother/Guardian

Father/Guardian

Name: _____

Name: _____

Employer: _____

Employer: _____

Work Phone: _____

Work Phone: _____

Cell: _____

Cell: _____

Driver's License: _____

Driver's License: _____

Emergency Contact/Transportation Authorization

One contact, other than the parents, is required for registration. If the parents are unavailable, the following individual has permission to transport and seek care for this child. You may also authorize additional people to pick up your child. They will be required to show an I.D.

<u>Name</u>	<u>Address</u>	<u>Phone (home/work/cell)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Allergies/Medications

My child is known to have allergic reactions to:

<u>Allergen</u>	<u>Reaction</u>	<u>Treatment</u>
_____	_____	_____
_____	_____	_____

I give the director permission to administer one of the following medications to my child in case of emergency:

Children's Benadryl yes() no() Children's Tylenol yes() no() Neosporin yes() no()

Office Use Only:

Registration/Supply Fee Received \$ _____ Tuition \$ _____ All Forms Received _____

Assigned to Class:

3-9 Months 1 0-16 Months 17-23 months 24-28 months 29-36 months 3a Years 3b years 4 Years

General Health Information

Child's Name _____

Medical Conditions

Describe any medical conditions that your child may have, and how you would like our staff to respond. Please include any past serious illnesses or injuries, disabilities and hospitalizations that have occurred in the past 12 months.

Medical Condition

Response Procedure

Medications

Please list any medications prescribed for long-term, continuous use.

Medical Authorization

Should my child require medication brought from home, I authorize FBC MDO staff to administer this medication to my child. I understand that I must also sign the medication chart in the FBC MDO office each time medication is required and I understand that all medication must be in the original container and labeled appropriately.

Parent/Guardian Signature _____

Well Check

I understand that a requirement for participation in the program is a doctor's examination and a TB screening every 12 months. I understand that I must present a statement each year from my child's doctor within one week of admission to verify that my child is physically able to participate in the day care program. This may be on the doctor's own letterhead and can be faxed to the 392-9688, Attention FBC MDO.

Parent/Guardian Signature _____

Emergency Medical Release

In the event that I cannot be reached or cannot make arrangements for emergency medical attention at the time of illness or accident, I hereby authorize FBC MDO to transport my child to the closest medical facility and authorize the medical providers to provide the necessary treatment.

Doctor _____ Address _____ Phone _____
Hospital CTMC Address 1301 Wonderworld Drive Phone 353-8979 (911)

Parent/Guardian Signature _____

The following items are due at registration:

Non-refundable Registration/Supply Fee \$ _____
Complete Registration Forms.

The following items are due the first day of class:

Well Check
Immunization Record/Exemption Form

I have read the FBC MDO Parent Handbook I agree to abide by all FBC MDO policies as outlined.

Parent/Guardian Signature _____ *Date* _____