



Mother's Day Out at TBC
1601 I-40 West
Amarillo, Texas 79109

Enrollment Form

Child's Name: _____ Sex: Male Female

Address: _____ Zip: _____

Home phone: _____ Date of Birth: _____ Age : _____

Mother's Name: _____ Cell phone: _____

Place of employment: _____ Work# _____

Email _____

Father's Name: _____ Cell phone: _____

Place of employment: _____ Work# _____

Child lives with: _____

Please list all family members.

Do you have a church home? Yes No

Where? _____

Other than a parent, I authorize Mother's Day Out to allow my child to leave with the following persons:

1) Name: _____ Phone #: _____

2) Name: _____ Phone #: _____

3) Name: _____ Phone #: _____

4) Name: _____ Phone #: _____

Child's Last Name, First Name

Emergency Medical Information and Authorization

In case of an emergency in which parents cannot be reached, please call:

- 1) _____
Name/Relation to Child Address Phone #
- 2) _____
Name/Relation to Child Address Phone #
- 3) _____
Name/Relation to Child Address Phone #

Medical Information: Complete the following that apply to your child

*Mother's Day Out will provide snacks for children. Typically these snacks are one of the following: cheerios, animal crackers, goldfish, or fruit snacks. If there is a special snack, parents will be notified at the beginning of the day by a sign on their child's classroom door.

1. Does your child have any known allergies?
2. Does your child have any dietary restrictions?
3. Does your child have any existing illnesses?
4. Has your child had a previous serious illness or injury?
5. Has your child been hospitalized during the last 12 months?
6. Is your child taking any medication prescribed for long-term, continuous use?
7. Does your child have any disabilities?
8. Please list any other medical/family history that we need to be aware of:

Child's Last Name, First Name

Emergency Medical Authorization

The Mother's Day Out at Trinity Baptist Church has my permission to obtain emergency medical treatment for my child when I cannot be reached or if a delay in reaching my child will present a dangerous situation for him or her.

Please take my child to:

Physician's Name

Address

Phone

Or to (Name of hospital)

Address

Phone

I give consent for any and all necessary treatment when my child is in the care of the physician and/or hospital.

I agree not to hold Trinity Baptist Church responsible for any accidents or illnesses that may occur while my child is under their care. It is understood that the staff will exercise reasonable safety measures.

Signature of Parent

Date

Signature of Mother's Day Out Director

Date

Signature of Children's Director

Date