Mother's Day Out Program of Epiphany Lutheran Church
*Pearland, Texas **281-485-7896***
Directors: Pam Van Maaren, Becky Broussard & Suzanna Velasquez
Contact us at mdo@epiphanypearland.org

REGISTRATION FORM

Child's name_____( )M( )F Date of birth_____

Mother (or guardian)_____ Cell phone( )_____

Father (or guardian)_____ Cell phone( )_____

Address _____ Home phone( )_____

City_____ Zip_____ Alternate phone( )_____

Email_____

Brothers and sisters of child:

Name_____Age_____

Name_____Age_____

Name_____Age_____

Is your child potty trained?_____ All children entering the 3 ½ & 4 year old classes must be completely potty trained. Children turning 3 as of September 1, must be in the process of active and successful potty training and be completely potty trained by January 1st.

Program requested: _____Tues./Thurs. _____ Wed./Fri. Paid $100.00 Reg._____
(non-refundable)

Church affiliation _____

Signed _____Date_____
(parent signature)

MDO use only: Date of Admittance_____

CHILD'S NAME_____

PARENT HANDOUT

I HAVE READ AND UNDERSTAND THE INFORMATION IN THE PARENT HANDOUT.

SIGNATURE_____

DATE _____

PUBLICITY PERMISSION

We will be taking pictures and possibly videos of various class activities and special events throughout the year at Mothers Day Out. These will be available online via our Shutterfly share account and/or posted in the hallway. Please sign below, indicating your permission to use your child's photograph for these purposes.

I give my permission to Epiphany Lutheran Church MDO to use my child's photograph the purposes indicated for the Children's Ministry Program.

SIGNATURE_____

DATE_____

AUTHORIZATION FOR:

I give my permission to Epiphany Lutheran Church MDO to apply sunscreen, bug spray, lotion, diaper cream, anti-itch cream, and anti-bacterial cream if needed.

SIGNATURE_____

DATE_____

ENROLLMENT INFORMATION

CHILDS NAME _____

AUTHORIZATION FOR EMERGENCY MEDICAL INFORMATION:

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to:		
Name of Licensed Physician	Address	Telephone No.
Name of hospital or clinic	Address	Telephone No.

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

_____ _____

Signature – Parent or Legal Guardian Date

ADDITIONAL PERSONS WHO MAY BE CALLED IN EMERGENCY:			
NAME	**ADDRESS**	**TELEPHONE**	**RELATIONSHIP**

I hereby authorize this day care facility to allow my child to leave the day care facility **ONLY** with the following persons: **(include telephone number)**

_____

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries during the past one month, any medication prescribed for long-term continuous use, and any other information of which the staff should be aware (Please specify N/A if no problems):

_____

_____

ADMISSION REQUIREMENT:

Parent's Statement: My child has been examined within the past year by a licensed physician and is able to participate in the day care program:

Name and Address of Physician OR Address of EPSDT Screening Site

Within the next 12 months, I will obtain a physician's statement, a copy of the medical screening form from the EPSDT Program, or a form or statement from a health service or clinic and will submit it to the day care facility.

NOTE: If medical diagnosis and treatment and/or immunization conflict with your religious beliefs, you must sign an affidavit to that effect and attach it to this form.
If immunization would be injurious to your child or family, you must obtain a certificate (signed by a physician) to that effect and attach it to this form.

My child's immunization record is on file at the school and all immunizations are current. ___Yes ___N/A

_____ I acknowledge I have read "A Parent's Guide to Day Care". (www.dfps.state.tx.us/Child_Care/Information_for_Parents/parent-daycare.asp)

_____ I acknowledge that my child has had vision/hearing testing at his/her Dr. office. (4 and 5 year olds only)

_____ _____

Signature – Parent or Legal Guardian Date