

2018
PARENTS' DAY OUT SUMMER REGISTRATION FORM
MIDWOOD BAPTIST CHURCH
CHARLOTTE, NC

Child's Name _____
Last First Middle

Name called _____

Age by 8-31 _____ Date of Birth _____ Sex _____

Class Information

Classes will be from 9-1 on Wednesdays.

Ages 6 months to PreK

Session will be from June 6 to August 8 with no school the week of July 4 and 11

Cost is \$125 per month (2 months), must register for at least 4 weeks.

- A fee of \$30 must accompany each application for the first child and \$25 for each additional sibling.
- All fees are non refundable
- 10% tuition discount for Midwood Baptist Church members
- 10% tuition discount for each additional sibling
- Current immunization record due at registration

Home Address _____ City _____ Zip _____

Home Phone _____ E-mail address _____

Father's Name _____ Father's Cell Phone _____

Father's Business _____ Business Phone _____

Mother's Name _____ Mother's Cell Phone _____

Mother's Business _____ Business Phone _____

Child Lives with _____

Siblings (list name, sex and age):

Church Affiliation _____

(over)

Persons authorized to pick up your child (other than parents):

Name _____ Relationship _____

Name _____ Relationship _____

List below person to contact in case of emergency (other than parents):

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Physician's Name _____ Phone _____

Health Insurance Carrier/Policy # _____

Hospital Preference _____

Allergies: _____

Should my child _____ become ill or suffer an accident of any type while in the care of Midwood Baptist Church Parents' Morning Out, the director shall make every effort to contact me immediately. In the event said personnel are unable to reach me, said personnel or employees of MBC Parents' Morning Out are authorized to secure any medical attention, treatment, and services for my child as may be deemed necessary. Any qualified persons providing such required medical attention, treatment, or services may accept this signed consent form. I agree to assume responsibility for payment of all medical costs incurred.

I give permission for my child, _____, to be transported by car or ambulance to an emergency treatment center, and will hold employees of MBC harmless.

Signature Parent/Guardian

Date _____