

St. Paul's Mothers Morning Out & Preschool Fall 2008 Registration Form

Age your child will be on **August 13, 2007** _____

Please circle the plan you prefer:

- 2 days a week: Tues. & Thurs.
- 3 days a week: Mon., Wed., & Fri.
- 4 days a week: Please specify: _____
- 5 days a week: Mon.-Fri.
- Other: _____

(Reminder: We do not have a one-day plan.)

Office use only

Sept. 1, 2007-Aug. 31, 2008
 Sept. 1, 2006-Aug. 31, 2007
 Sept. 1, 2005-Aug. 31, 2006
 Sept. 1, 2004-Aug. 31, 2005
 Sept. 1, 2003-Aug. 31, 2004

Infant
 Toddler
 Twos
 Threes
 Pre-K

Child's Full Name _____ Nickname _____

Birth Date: _____ Date of Enrollment _____

Address: _____

City _____ State _____ Zip Code _____

Home Phone _____

Mother's Full Name _____

Mother's Address: _____

City _____ State _____ Zip Code _____

Mother's Home Phone: _____ Cell: _____

Mother's Employer/Occupation _____

Employer's Address _____ City _____ State _____

Work Phone: _____ ext. _____ Pager or Cell # _____

Father's Full Name: _____

Father's Address _____

City _____ State _____ Zip Code _____

Father's Home Phone: _____ Cell: _____

Father's Employer/Occupation _____

Employer's Address _____ City _____ State _____

Work Phone: _____ ext. _____ Pager or Cell # _____

Parent(s) is/are: Married / Divorced / Separated / Widowed / Single

Email Address _____

(Next Section Fill out only if applicable)

Parent/Guardian with legal custody: _____

Emergency Contact and Persons Authorized to remove child from home

Emergency Contact(other than parents/guardian):

Name _____
Home Phone: _____ Work Phone: _____
Emergency Contact Address _____ City _____ State _____
Relationship to Child: _____

Secondary Emergency Contact(other than parents/guardian):

Name _____
Home Phone: _____ Work Phone _____
Second Emergency contact address: _____ City _____ State _____
Relationship to Child _____

Person(s) authorized to pick up my child (besides parents/guardians or emergency contacts):

#1 _____
#2 _____
#3 _____

(With prior notice from parent/guardian and proper ID only)

Emergency Release and Consent to Medical Care and Treatment (Consent to Emergency First Aid & Transportation)

I hereby give my permission that my child, may be given emergency treatment by St Paul's Mothers Morning Out. I also give permission for my child to be transported by car or ambulance to an emergency center for treatment. In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician.

Parent/Guardian Signatures: _____
Date _____

Please provide medical/insurance information below. St. Paul's Mothers Morning Out will not be responsible for paying for the child's health care.

- 1. Child's Physician: _____ Phone: _____
- 2. Preferred Hospital: _____ Phone: _____
- 3. Insurance Company: _____ Policy # _____ Group# _____
- 4. Regular Medications: _____
- 5. Blood Type: _____
- 6. Medicine allergic to: _____
- 7. Food Allergies: _____
- 8. Any other Allergies: _____
- 9. Any special health conditions: _____

Comments: _____

Signatures:

Parent/Guardian: _____ Date: _____
Parent/Guardian _____ Date: _____

(I understand that this is a legally binding document, and have read it and understand it)