

Crossroads Baptist Church Mothers Day Out Child Enrollment Packet 2021-2022

Please contact our Director about class availability for your child. When you are told a spot is available, please complete and return these four pages along with a copy of your child's current shot records to the MDO office located on Guilbeau Street (or via email mdo@cbcsa.net), with the Registration Fee to reserve a place for your child in our MDO program. If a spot is not currently available, you may ask to be placed on the waiting list with no fees paid, and we will contact you if a space becomes available. Enrollment is on a first come, first served basis.

Parent Handbook Agreement



Dear Parents,

Upon reading the current Parent Handbook, please sign the statement below acknowledging that you understand and agree to it and return this form with your completed enrollment pack. This will be placed in your child's file.

.....

Child's Name _____

I have read the **2021-2022 Parent Handbook** for Crossroad's Mother's Day Out and agree to abide by the guidelines and regulations contained therein.

Parent Signature _____

Date _____

Enrollment Form

Crossroads Baptist Church
Mother's Day Out

For Office Use Enrollment Date: _____ Fees: _____

Child's Name _____ **Birth date** _____ **Sex** _____

Parents' Relationship to Each Other: ___ Married ___ Divorced ___ Separated ___ Single
Are there any custody issues with this child? ___ yes ___ no
If yes, please contact the director and be prepared to provide any documentation that we may need.

Child lives with (please check all that apply)
___ Mother and Father ___ Mother ___ Father ___ Other _____

Father's Name _____ **Driver's License** _____
Home Address _____ **Phone** _____
City _____ **State** _____ **Zip** _____ **Email** _____
Occupation _____ **Employer** _____
Work phone _____ **Cell** _____
Preferred contact method: (please circle one) **Email** **Text** **Phone call**

Mother's Name _____ **Driver's License** _____
Home Address _____ **Phone** _____
City _____ **State** _____ **Zip** _____ **Email** _____
Occupation _____ **Employer** _____
Work phone _____ **Cell** _____
Preferred contact method: (please circle one) **Email** **Text** **Phone call**

Family religious preference _____ **Church membership** _____
How did you find out about our program? _____

List at least one local person who will be available to assume responsibility for your child in an emergency if parents cannot be reached.

Name _____ **Relationship to child** _____
Address _____ **Driver's License** _____
City _____ **State** _____ **Zip** _____
Home phone _____ **Cell** _____ **Work** _____

List any additional persons you authorize to pick-up your child from this Mother's Day Out.

Name _____ **Relationship to child** _____
Address _____ **City** _____ **State** _____ **Zip** _____
Home phone _____ **Cell** _____ **Work** _____

Name _____ **Relationship to child** _____
Address _____ **City** _____ **State** _____ **Zip** _____
Home phone _____ **Cell** _____ **Work** _____

MEDICAL RELEASE



Child's Name: _____ Date of Birth: _____

I certify that my child's immunizations are current ___ YES ___ NO
(Attach photocopy of immunization records)

I certify that my child is free from all communicable diseases ___ YES ___ NO
If no, explain _____

I certify that my child is physically and mentally able to participate in all group care activities that are at his or her age level ___ YES ___ NO
If no, explain _____

List any allergies and allergic reactions your child may have: _____

I ___ DO ___ DO NOT give consent for my child to be served foods during MDO other than what I send for my child to eat, if it is for learning purposes or for celebrations. My child may not be given: _____

List any medications and drugs taken regularly by the child: _____

List other special physical conditions and any therapies your child receives: _____

I give consent to my child's health care provider and to Crossroads Baptist Church Mother's Day Out to communicate directly with one another in the event that such communication is necessary for the health and wellbeing of my child.

Physician _____ Phone _____
City _____
Hospital _____ Phone _____
City _____

In the event of an emergency, if I cannot be reached to make arrangements for emergency medical attention for my child, I authorize Crossroads Baptist Church Mother's Day Out staff to take my child to an Emergency Room.

I give my consent for any and all treatment deemed necessary for my child by the attending physician. I affirm that all information given above is true and correct. I will not hold Crossroads Baptist Church, the Mother's Day Out program or the MDO staff responsible for any injury that may occur to my child during the time spent with the Crossroads Baptist Church Mother's Day Out program.

(Signature of Parent/Guardian)

(Date)

Picture Permission Form



We would like the opportunity to take a picture of your child as part of our Mother's Day Out program. Any pictures taken of your child would be used occasionally during the year for classroom crafts, projects, chapel presentations, etc. within our MDO program.

___ **YES**, I give permission for my child's picture to be used **within** the MDO program for activities such as MDO crafts, projects, and chapel presentations.

___ **NO**, I do **not** give permission for my child's picture to be used **within** the MDO program for activities such as MDO crafts, projects, and chapel presentations.

Crossroads Baptist Church Mother's Day Out has a website to inform interested parents about our program. Occasionally, we like to change the pictures on the website to give a fresh look into our program. We would like permission to use a picture of your child as needed on the church website. Only images would be used and no names would be given on this MDO church website.

___ **YES**, I give permission for my child's picture to be used on the MDO church website to help other interested parents learn about the program. I understand my child's image only would be used and no names would be given.

___ **NO**, I do **not** give permission for my child's picture to be used on the MDO church website to help other interested parents learn about the program. I understand my child's image only would be used and no names would be given.

Child's Name _____

Parent Signature _____ **Date** _____