

First Baptist Church
 Mother's Day Out Program
 210 S. Morgan Avenue
 Broussard, LA 70518
 (337) 837-1112 FAX: (337) 837-3728
 Lisa Ledet, Director

2018 Summer Registration

Child's Name: _____ Birthdate _____ Sex _____

	Mother	Father
Name		
Address		
Employer		
Home Phone #		
Work Phone #		
Cellular Phone #		
Email Address		

Parents' Relationship to Each Other: Married Divorced Separated Single
 (If divorced, a copy of the Divorce Decree noting guardianship, days of visitation, etc., must accompany this form.)

Child lives with (please check all that apply): Mother and Father Mother Father Other
 If other, please describe _____.

Child's Doctor: _____ **Doctor's Phone #:** _____

Child's Dentist: _____ **Dentist's Phone #:** _____

Release of Child

I understand that my child will only be released to the parents listed above and individuals listed below on the registration form. I understand the individuals listed below can be updated throughout the school year. Individuals listed will be required to show identification. I authorize that my child, _____, be released by First Baptist Church Mother's Day Out Program to the following individuals.

Individuals to contact in case of an emergency if parents are unable to be contacted:

_____ Phone #: _____
 _____ Phone #: _____
 _____ Phone #: _____
 _____ Phone #: _____

Date of Admission: _____

First Baptist Church
 Mother's Day Out Program
 210 S. Morgan Avenue
 Broussard, LA 70518
 (337) 837-1112 FAX: (337) 837-3728
 Lisa Ledet, Director

2018 Summer Registration

Mother's Day Out may release my child to the following additional individuals:

Name	Relationship

Does your child have any food allergies? Yes No _____

Does your child have any dietary restrictions? Yes No _____

Does your child have any other allergies? Yes No _____

Does your child have any medical conditions? Yes No _____

I authorize First Baptist Church Mother's Day Out Program to secure emergency medical treatment for my child.

Parent's Signature: _____ Date: _____

Registration Fee (Non-refundable): \$50.00

Monthly Tuition: \$245 (3 days per week)

Optional Information: Family Religious Preference _____

Church Membership _____

How did you find out about our program? _____

Date of Admission: _____