

**First Baptist Church of Willis
12177 I-45 North
Willis, Texas 77318
(936) 856-5575**

Mother's Day Out Registration

Child Information

Name: _____ Goes By: _____
Address: _____ Gender: M/F
City: _____ State: _____ Zip Code: _____
DOB: _____ Age as of September 1st: _____ Years ___ mths

Parental Information

Father/Mother/Guardian: _____
Home #: _____ Work# _____
Mobile #: _____ Other #: _____
Email Address: _____

Emergency Contact Information

Name: _____ Relation to child: _____
Home#: _____ Work#: _____
Mobile#: _____ Other#: _____

Name: _____ Relation to child: _____
Home#: _____ Work#: _____
Mobile#: _____ Other#: _____

Please List All People Authorized to pick up child:

(Anyone who's name is not on the list will be allowed to pick up the child.)

Name: _____ Relation to child: _____
Home#: _____ Mobile#: _____
DL#: _____

Name: _____ Relation to child: _____
Home#: _____ Mobile#: _____
DL#: _____

Name: _____ Relation to child: _____
Home#: _____ Mobile#: _____
DL#: _____

Health and Medical Information

Please list any allergies your child may have such as medication, food, bug bites, or seasonal:

Does your child have any health conditions that would limit participation in the Mother's Day Out Program? _____ If yes, please give a brief description.

Is your child on any daily medications? _____ If yes what, if any reactions should we be aware of? _____

Physician Information:

My child's physician is _____

Address _____

Phone # _____

Authorization and Release for Emergency Medical Attention:

In the event of an emergency while my child, _____ is attending FBC Willis Mother's Day Out, I authorize the staff person(s) in charge to transport or have my child transported by ambulance to the nearest hospital. I also give my consent and authorize any license on call in the ER to give any necessary emergency treatment required to save my child's life.

I, _____ the undersigned parent/guardian of child agree to assume full responsibility for any and all treatment for my child.

Parent Signature _____ Date _____

A copy of your child's immunization record must accompany this enrollment form.

Supply List

- 1 Box of 24 Count Crayons
- 1 Box of gallon size Ziploc Bags
- 1 Box of washable markers (8ct)
- 1 Pack assorted construction paper (9x12)
- 1 Roll of paper towels
- 2 Glue sticks
- 1 Box of Kleenex
- 1 Disposable Camera
- 1 Box of wet wipes
- 1 Nap Mat