

**TRIUMPHANT LUTHERAN CHURCH
MOTHER'S DAY OUT
REGISTRATION FORM**

PARENT'S NAME: _____

HOME PH: _____ CELL PH: _____ Email: _____

PARENT'S ADDRESS: _____

STREET: _____ CITY: _____ ZIP: _____

FATHER'S PLACE OF EMPLOYMENT: _____ PHONE: _____

CHURCH AFFILIATION: _____

MON WED

1 ST. CHILD'S NAME: _____ BIRTHDATE: _____

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2 ND. CHILD'S NAME: _____ BIRTHDATE: _____

3 RD. CHILD'S NAME: _____ BIRTHDATE: _____

PERSONS OTHER THAN PARENTS AUTHORIZED TO PICK UP CHILD IN CASE OF ILLNESS OR EMERGENCY

_____ PHONE: _____

_____ PHONE: _____

_____ PHONE: _____

MY CHILD OR CHILDREN HAS MY PERMISSION TO PARTICIPATE IN THE ACTIVITIES SUPERVISED BY THE TRIUMPHANT LUTHERAN CHURCH MOTHER'S DAY OUT PROGRAM. SUCH ACTIVITIES INCLUDE, BUT ARE NOT LIMITED TO, EDUCATIONAL ACTIVITIES AND SUPERVISED PLAY ON THE CHURCH PREMISES. I CERTIFY THAT MY CHILD IS IN GOOD HEALTH AND CAN PARTICIPATE IN ALL NORMAL ACTIVITIES OF THE MOTHER'S DAY OUT PROGRAM.

I UNDERSTAND THAT ALL REASONABLE MEASURES WILL BE TAKEN TO SAFEGUARD THE HEALTH AND SAFETY OF MY CHILD, AND THAT I WILL BE NOTIFIED AS SOON AS POSSIBLE IN CASE OF AN EMERGENCY. HOWEVER, IN THE EVENT OF SICKNESS OR ACCIDENT INVOLVING MY CHILD, I WILL NOT HOLD THE TRIUMPHANT LUTHERAN CHURCH, OR THE LEADERS OR WORKERS OF IT'S MOTHER'S DAY OUT PROGRAM RESPONSIBLE. IN THE EVENT OF SICKNESS OR ACCIDENT INVOLVING MY CHILD, I AUTHORIZE THE CALLING OF A DOCTOR AND/OR HOSPITAL AND THE PROVIDING OF OTHER NECESSARY MEDICAL SERVICES AT MY EXPENSE.

YES: _____ NO: _____

DATE: _____

SIGNATURE: _____

I CAN BE REACHED AT THIS NUMBER: _____

RELATIONSHIP TO CHILD: _____

CHILD'S PHYSICIAN: _____ Phone: _____

ALLERGIES: _____

ILLNESSES WE SHOULD BE AWARE OF: _____

ARE YOUR CHILD'S IMMUNIZATIONS UP TO DATE? YES: _____ NO: _____

**** PLEASE PROVIDE CHILD'S IMMUNIZATION RECORD FOR MDO FILES.**