



Calvary Hills BC Mother's Day Out

910 West Loop 1604 North
San Antonio, Texas 78251
210-663-5159

Admission Information

Child's Name: _____ Date of Birth: _____

Name child is called: _____ Home Phone _____

Child's Address: _____ Zip _____

Mother's Name _____ Church Association _____

Employer _____ Work Phone _____ Cell Phone _____

Father's Name _____ Church Association _____

Employer _____ Work Phone _____ Cell Phone _____

E-mail address: _____

Emergency Contact:

Name of Person to Call in an Emergency _____

Relationship _____ Home Phone _____ Cell Phone _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the person in charge to take my child to:

Name of Physician

Address

Phone #

Name of Hospital

Address

Phone #

I give consent for this facility to secure any and all necessary emergency medical care for my child.

Signature of Parent or Legal Guardian

List any special problems that your child may have such as allergies, existing illness, previous serious illness, and injuries during the past 12 months, any medications prescribed long-term continuous use, and any other information that the staff should be aware of:

GENERAL INFORMATION

Sleep and Nap habits _____

Eating Habits or difficulties _____

Is Child Toilet Trained? Yes _____ No _____

Are there any special needs regarding toilet training? _____

Fears? _____

Behavior habits (Biting nails, tantrums, biting etc.) _____

Favorite toys or activities _____

Name and ages of Siblings _____

Previous experience in a group setting _____

How did you hear about MDO? _____

Note anything you feel would be helpful to us in caring for and teaching your child.

I have read and understand the policies of Calvary Hills Baptist Church Mother's Day Out and agree to abide by them. I am aware that the teaching of this program is based on the Calvary Hills Doctrinal Statement of Faith.

Signature _____ Date: _____

I have read and received a copy of the Discipline and Guidance policies for MDO.

Signature _____ Date: _____

I agree that I will be providing my child's lunch from home. I agree that MDO is not responsible for its nutritional value or for meeting my child's daily food needs.

Signature _____ Date: _____

I do _____ / do not _____ give permission for my child to have shared foods and or snacks on special occasions as per policies.

Signature of Parent or Guardian

Date

PICK-UP AUTHORIZATION LIST

Please list any individuals (other than parents/guardians) who will be authorized to pick up your child from Mother's Day Out. Your child may not leave with anyone who is not on this list unless special arrangements are made with the director.

1. _____

Relationship: _____ Phone # _____

2. _____

Relationship _____ Phone # _____

3. _____

Relationship _____ Phone # _____

4. _____

Relationship _____ Phone # _____

5. _____

Relationship _____ Phone # _____

Picture Permission Form

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

___ **Yes**, I give permission for my child's picture to be used **within the MDO program** for crafts and projects.

___ **No**, I do not give permission for my child's picture to be used.

Calvary Hills 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 our MDO website. Only images would be used and no names would be given.

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

___ **No**, I do not give permission for my child's picture to be used.

Child's Name _____

Parent's Signature _____ **Date** _____

Office Use:

Circle Day(s) child will be in Care: Tuesday Thursday

Admission Date: _____

First Day in Care: _____

Hours in Care Each Day: _____