

REGISTRATION FORM
Parent's Day Out
First United Methodist Church
101 East First North Street
Morristown, Tennessee 37814
423-318-0174

Date: _____

Check One: Returning Child _____ New Child to Parent's Day Out _____

Does this child have a sibling in Parent's Day Out? Yes _____ No _____

Which day (s) do you wish to enroll your child? Tuesday _____ Thursday _____

Tuesday & Thursday _____

CHILD'S INFORMATION

Name of Child _____

Home Address _____

Home Telephone _____

Date of Birth _____

MOTHER'S INFORMATION

Mother's Name _____

Home Telephone _____ Mobile _____

Address _____

Work _____ Work Telephone _____

Days / Hours at work _____

FATHER'S INFORMATION

Father's Name _____

Home Telephone _____ Mobile _____

Address _____

Work _____ Work Telephone _____

Days / Hours at work _____

Names and ages of other children in the family:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

**Are there any medical conditions that the Parent's Day Out staff needs to be aware of?
Please explain.**

MEDICAL EMERGENCY PERMISSION

- I authorize the Parent's Day Out staff to administer first aid treatment to my child.
- I do not authorize the Parent's Day Out staff to administer first aid treatment to my child.

Signature of parent / guardian _____ Date _____

In case of an emergency, give us names of persons who can be called if we cannot reach the parents. Be sure that these people know that you have given us their names.

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____
