

Castle Hills Christian Church **Mother's Day Out Registration**
2018 - 2019 School Year

6209 West Ave
San Antonio, TX 78213
210-344-7188

Date of Admission: _____

CHILD'S FIRST NAME MIDDLE LAST NAME

_____/_____/_____ MALE/FEMALE
PREFERRED NAME DOB

MOTHER'S NAME MOTHER'S CONTACT PHONE #

STREET ADDRESS CITY ZIP MOTHER'S EMAIL

FATHER'S NAME FATHER'S CONTACT PHONE #

FATHER'S EMAIL

HOME CHURCH

PERSON TO CALL IN AN EMERGENCY (OTHER THAN PARENTS) PHONE #

EMERGENCY RELEASE:

Please read and sign the following statement:

Should my child become ill or suffer an accident of any character during the time he/she is in the Mother's Day Out Ministry, a representative of Castle Hills Christian Church shall undertake to contact me immediately.

I hereby authorize Castle Hills Christian Church to secure such medical attention and care for my child as may be necessary in case of emergency. I, the undersigned, shall also assume responsibility for any payment.

Your Printed Name: _____

Signature: _____ Date: _____

Your Doctor: _____ Dr.'s Phone #: _____

Hospital Preference: _____

Castle Hills Christian Church Mother's Day Out
Pick-Up Authorization List

CHILD'S NAME: _____

PARENT'S NAME: _____

Please list the persons (other than parents/guardians) who will be authorized to pick up your child from Mother's Day Out. They will not be given to anyone who is not on the list unless special arrangements are made with the Director.

1. NAME: _____

RELATIONSHIP: _____ PHONE #: _____

2. NAME: _____

RELATIONSHIP: _____ PHONE #: _____

3. NAME: _____

RELATIONSHIP: _____ PHONE #: _____

4. NAME: _____

RELATIONSHIP: _____ PHONE #: _____

5. NAME: _____

RELATIONSHIP: _____ PHONE #: _____

GENERAL INFORMATION:

Child's name: _____

Does your child have any known allergies? YES/NO

If so, explain: _____

Is your child toilet trained? YES / NO / IN THE PROCESS

Are there any special needs regarding toilet training? _____

Names and ages of Siblings: _____

When I cry, something my mommy/daddy does to comfort me is:

Favorite toy or activity: _____

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

PARENTAL AGREEMENT

I, _____ have read the Mother's Day Out Parent Handbook and agree to abide by these policies. I agree to honor the non-refundable registration/supply fee and monthly tuition payment schedule. In the event I need to withdraw my child from the program, I agree to give two weeks notice or pay the two-week period. By signing this form, I am agreeing to abide by these policies.

Castle Hills Christian Church Mother's Day Out Ministry agrees to furnish preschool child care each Tuesday and Thursday except for those days noted in the policies/Ministry calendar. The parent will pay the amount agreed upon no later than the 10th of the month regardless of the number of days the child actually attends.