

Castle Hills Christian Church Mother's Day Out Registration  
2019 - 2020 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 #

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**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. Children 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 10<sup>th</sup> of the month regardless of the number of days the child actually attends.