

Stepping Stones MDO Summer 2011

Child's Last Name: _____ Child's First Name: _____

Home Phone: _____ Child's Age: _____ Birth date: _____

Home Address: _____

Email Address: _____ Face book? _____

Father's Name: _____ Mother's Name: _____

Father's Work Phone: _____ Mother's Work Phone: _____

Father's Cell Phone: _____ Mother's Cell Phone: _____

Doctor's Name and Phone #: _____

Persons, other than parents, authorized to pick up your child and who would assume responsibility in an emergency:

Name: _____ Phone: _____ Relationship to child: _____

Name: _____ Phone: _____ Relationship to child: _____

Name: _____ Phone: _____ Relationship to child: _____

Name: _____ Phone: _____ Relationship to child: _____

Church Affiliation: _____

List any allergies (food, pollen, or medicine): _____

Limitations or medical challenges: _____

If needed, I give my permission to the Mother's Day Out Staff to administer diaper rash cream to my child.

_____ (initial)

When my child needs medications from home to be given at school, I give my permission for the director or assistant director to administer the medicine after I have given them directions.

_____ (signature)

For office use only:

Enrollment fee paid: Check _____ Cash _____ Date Paid _____

Release, Indemnity, and Waiver for all MDO activities

We hereby give permission for our minor child to participate in the Mother's Day Out program at Waterloo Church of the Nazarene. We know of no physical or emotional reason why our child should not participate in this program. In consideration of your letting our child participate in this program and other good and valuable consideration, receipt of which has hereby released Waterloo Church of the Nazarene, a corporation, its agents, employees, officers, and instructors of any and all liability and claims whatsoever arising out of or related to any injury or loss participating in said Mother's Day Out. We hereby agree that we and our child will be bound by this release and we agree to defend, hold harmless, and indemnify Waterloo Church of the Nazarene, a corporation, its agents, employees, officers, and instructors for any disaffirmation of this release by our child and any guardian of our child. This release shall also constitute authority to any person connected with the Mother's Day Out program of Waterloo Church of the Nazarene to give consent for any doctor, nurse, and/or hospital to administer medical aid and treatment for our child enrolled in said program if an accident is sustained or emergency exists.

Parent/Guardian Signature: _____ Date: _____

Photo Waiver

We give permission for our child's picture to be taken and used in MDO/WCN documents. (Websites, brochures, displays, etc.)

Parent/Guardian Signature: _____ Date: _____

Child Information

(for the teacher)

Child's Name: _____
(preferred name at school)

Child's Birth Date: _____

Child primarily lives with: Mom _____ Dad _____ Both _____ Other _____

Mother: Name: _____ Father: Name: _____

Home #: _____ Home #: _____

Work #: _____ Work #: _____

Cell #: _____ Cell #: _____

Siblings: _____

Food Allergies: _____

What do you want us to know about your child? (likes, dislikes, fears, attachments, routines, ...)

Who can pick up your child from Stepping Stones?
