

**PLEASANT GROVE BAPTIST CHURCH  
MOTHERS' MORNING OUT  
Registration Form**

CHILD'S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

**\*\* DENOTES MANDATORY NUMBERS FOR EMERGENCY CONTACTS**

\*\*HOME PHONE #: \_\_\_\_\_ \*\*CELL #(MOTHER) \_\_\_\_\_

\*\*CELL#(FATHER) \_\_\_\_\_ \*\*PAGER# \_\_\_\_\_

AGE AS OF OCT. 16, 2008: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

LIST BROTHERS AND/OR SISTERS AND AGE: \_\_\_\_\_

IN CASE OF EMERGENCY WHEN NEITHER PARENT IS AVAILABLE, WE SHOULD CONTACT:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

CHILD'S PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

CHURCH YOU ATTEND: \_\_\_\_\_

IF NO MEMBERSHIP, GIVE CHURCH PREFERENCE: \_\_\_\_\_

ANY KNOWN ALLERGIES (FOOD, ETC.)? \_\_\_\_\_

DOES YOUR CHILD HAVE ANY DISABILITIES, ANY MEDICAL CONDITIONS, OR ANY ADDITIONAL INFORMATION HIS/HER TEACHER SHOULD BE AWARE OF?

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**A COPY OF YOUR CHILD'S IMMUNIZATION RECORDS WILL BE REQUIRED UPON ENTERING MMO**

CHILD'S NAME: \_\_\_\_\_

PLEASE INDICATE WHICH DAYS YOU WOULD LIKE TO ENROLL YOUR CHILD:

\_\_\_\_\_ 5 DAYS (MONDAY – FRIDAY)

\_\_\_\_\_ 3 DAYS (MONDAY, WEDNESDAY, FRIDAY)

\_\_\_\_\_ 2 DAYS (TUESDAY, THURSDAY)

**A NON-REFUNDABLE REGISTRATION FEE OF \$85.00 MUST ACCOMPANY THIS APPLICATION (NO REFUND EXCEPT IF SPACE IS UNAVAILABLE). SPACE AVAILABILITY IS ON A FIRST COME, FIRST SERVE BASIS.**

**PLEASE MAKE CHECKS PAYABLE TO:  
PLEASANT GROVE BAPTIST CHURCH MMO**

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_