

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

CHILD'S NAME: _____ BIRTHDATE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

EMAIL ADDRESS: _____

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

**HOME PHONE #: _____ **CELL(MOTHER) _____

**CELL#(FATHER) _____

AGE AS OF AUGUST 31, 2012: _____

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?

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 IN ORDER OF PREFERENCE. (NUMBER THEM as FOLLOWS: #1, as FIRST CHOICE, #2, as SECOND CHOICE, AND #3 as THIRD CHOICE) WE WILL TRY TO ACCOMMODATE YOUR 1ST CHOICE, BUT IF NOT AVAILABLE WE WILL OFFER THE NEXT AVAILABLE SPOT ACCORDING TO YOUR CHOICE.

_____ 5 DAYS (MONDAY – FRIDAY)

_____ 3 DAYS (MONDAY, WEDNESDAY, FRIDAY)

_____ 2 DAYS (TUESDAY, THURSDAY)

A NON-REFUNDABLE REGISTRATION FEE OF \$100.00 MUST ACCOMPANY THIS APPLICATION (NO REFUND EXCEPT IF SPACE IS UNAVAILABLE).

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

PARENT'S SIGNATURE: _____ DATE: _____