

# Crossroads Church Mother's Day Out

Child's Information Form Date: \_\_\_\_\_

Day's Attending: \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Drop-In

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_ Male or Female  
Last First Middle

Date of Birth \_\_\_\_\_ Circle one: African American Caucasian Hispanic Asian Other \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home # \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell # \_\_\_\_\_  
Last First Middle

Occupation \_\_\_\_\_ Company \_\_\_\_\_ Work # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell # \_\_\_\_\_  
Last First Middle

Occupation \_\_\_\_\_ Company \_\_\_\_\_ Work# \_\_\_\_\_

Child Lives with (circle)-- Mother Father Both Legal Guardian \_\_\_\_\_

**Primary Email Address** \_\_\_\_\_

Person(s) to contact in case of emergency if parents cannot be reached and can pick up your child(ren):

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

The following information is being requested so that we may better meet the needs of your child. Please answer the following questions. should you answer yes to any of the questions, please provide an explanation in the space provided.

1. Does your child have a chronic illness or disease? No Yes, \_\_\_\_\_

2. Does your child have a physical handicap? No Yes, \_\_\_\_\_

3. Do you think your child may have a vision/hearing problem? No Yes, \_\_\_\_\_

4. Are there any restrictions, for medical reasons, on your child's activities? No Yes, \_\_\_\_\_

5. Does your child require prescribed medicine daily? No Yes, \_\_\_\_\_

6. Does your child have any allergies to food? No Yes, \_\_\_\_\_

7. Special Needs we should know about your child. Please list any allergies, autism, sensory issues, developmentally delayed, etc. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*A copy of the following materials is needed to complete registration:

Child's ID #

\_\_\_\_ Child's Immunization Records \_\_\_\_ Written Notice Of Discipline \_\_\_\_ Child's Birth Certificate

\_\_\_\_ Exemption from Immunizations \_\_\_\_ Photo Release \_\_\_\_ Understanding of Policies in Handbook