

Maternal Grandmother's Maiden Name \_\_\_\_\_

Amount of Supply Fee Paid: Check \_\_\_\_\_ Cash \_\_\_\_\_

Date Paid: \_\_\_\_\_

## MOTHER'S DAY OUT REGISTRATION FORM 2010-11

Child's Last Name: \_\_\_\_\_ Child's First Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Childs Age: \_\_\_\_\_ Birthdate \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Home Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Facebook? \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_  
Cell \_\_\_\_\_ Cell \_\_\_\_\_

Doctor Name & Phone # \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

List any allergies (Food, Pollen, or Medicine): \_\_\_\_\_

Limitations or Medical Challenges: \_\_\_\_\_

### RELEASE, INDEMNITY AND WAIVOR FOR ALL MDO ACTIVITIES

We hereby give permission for our minor child to participate in the Mother's Day Out Program of Bethany First Church of the Nazarene. If my child is in the elementary program, we understand that he/she may ride the church bus or van to an age appropriate field trip. Parents will be notified of trips to these various locations.

We know of no physical or emotional reason why our child should not participate in this program.

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

In consideration of your letting our child participate in this program and other good and valuable consideration, receipt of which has hereby released Bethany First 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 Bethany First 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 Mother's Day Out program of Bethany First 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 \_\_\_\_\_