



Ridgedale Mother's Day Out Registration

2013-2014

Child's Name _____

Birth Date _____

Has your child attended a paid program at RBC?

Yes No

My child is Active/Verbal

Somewhere in-between

Shy/Quiet

Name child goes by _____

Male Female

What methods of discipline work best with your child? _____

Siblings Yes No Ages _____

Enrollment Preference

Monday/Friday

Tuesday/Thursday

Parent/Guardian Information

Father _____

Address _____

City _____ Zip _____

Cell Phone _____

Home Phone _____

Employer _____

Work Phone _____

Email Address _____

Marital Status Married Divorced

Separated Widowed

Single

Mother _____

Address _____

City _____ Zip _____

Cell Phone _____

Home Phone _____

Employer _____

Work Phone _____

Email Address _____

If separated or divorced who has legal custody?

Mother Father Other _____

(Court papers are required if the non-custodial parent cannot pick up.)

Emergency Contact/Approved Pick-Up List

Name _____

Relation _____

Name _____

Relation _____

Name _____

Relation _____

Name _____

Relation _____

Phone #1 _____

Phone #2 _____

Phone #1 _____

Phone #2 _____

Phone #1 _____

Phone #2 _____

Phone #1 _____

Phone #2 _____

Medical Information

In the event of an emergency, every effort will be made to reach parents. If parents cannot be reached, I authorize Ridgedale Baptist Church to take any of the following actions, depending on the severity of the emergency:

(Please check ALL that apply)

- Please take my child to the nearest emergency room Children's Hospital or Fort Sanders Downtown Knox
 Please take my child ONLY to Children's Hospital

Please note that our staff is American Heart Association CPR Trained.

We will contact EMS (911) any time we feel that it is warranted.

Child's Physician _____

Phone _____

**Please list any special medical needs or allergies
(environmental, food, and medical):**

**Does your child have any hearing or speech
problems?** Yes No **If yes, describe:**

Is your child currently taking any medication?

Yes No **List** _____

**Does your child have any allergies or reactions to
insect stings or bites?**

Yes No **Describe** _____

Has your child had asthma or wheezing?

Yes No

Has your child ever had chicken pox?

Yes No **Date** _____

**Has your child had allergic skin reactions such as
hives, welts, contact dermatitis, etc?**

Yes No **Which ones:** _____

1. My child's immunization and health records are current. You must provide Ridgedale Baptist Church a copy for their records.
Initial _____
2. I give Ridgedale Baptist Church permission to use my child and/or children's photos and/or videos in brochures, websites, and any other marketing programs to publicize these and/or any Christian programs
Initial _____
3. If a new student, please give date of pre-enrollment visit _____
4. I am a Member of Ridgedale Baptist Church Attendee of Ridgedale Baptist Church
 Member or attendee of another local church or place of worship _____

I understand it is my responsibility to change any information on this form as needed. I also understand that my child will not be released to anyone who is not on this form. By this signature, I am verifying that the above information is true and correct to the best of my knowledge.

Parent/Guardian Signature _____ Date _____

Mother's Day Out Office Use

Start Date: _____ Logos Number: _____ Immunization Record Curriculum Fee

Ridgedale Mother's Day Out Handbook Acknowledgment

Licensing

() I understand that Ridgedale Baptist Church Mother's Day Out is not licensed and is not required to be licensed by the state as a child care agency. §71-3-503 (2005) (12)(2)

Photos and Marketing

() I give Ridgedale Baptist Church permission to use my child and/or children's photos and/or videos in brochures, websites, and any other marketing programs to publicize these and/or any Christian programs. Note: Names will not be posted to protect identity.

Permission to Communicate Directly to Doctors

() I give consent to my child's health care provider and Ridgedale Baptist Church Programs to communicate directly with one another in the event that such communication could result in a better understanding of my child's development and/or participation in group care.

Health Care Provider Name _____ Phone _____

Acknowledgement of Handbook Policies

By my signature below, I acknowledge that I have read and agree to abide by the policies and procedures stated in the Ridgedale Mother's Day Out handbook.

Printed Name _____

Signature _____

Date _____