

WESTWOOD MOTHER'S DAY OUT
APPLICATION

CHILD'S NAME _____ DATE OF BIRTH _____

WHAT YOU WANT US TO CALL YOUR CHILD _____

PARENT'S NAME _____ RELIGION _____
(Mother) (Father)

ADDRESS _____
(Street) (City and State) (Zip)

HOME TELE. _____ BUS. TELE. _____ CELL TELE. _____

E-MAIL ADDRESS _____

ALLERGIES _____

I UNDERSTAND THAT THE WESTWOOD BAPTIST CHURCH, THE MOTHER'S DAY
OUT, OR ITS WORKERS WILL NOT BE HELD RESPONSIBLE FOR ACCIDENTS.

SIGNATURE OF PARENT _____ DATE _____

I (CAN / CANNOT) WORK THE FIRST WEEK OF CLASSES.

I PREFER, IF POSSIBLE, TO WORK WITH CHILDREN IN THE (BABIES, TODDLERS,
2'S, 3'S, 4'S CLASS, OR ANYWHERE).

IF POSSIBLE, ARRANGE A PERMANENT SUB TO WORK FOR ME _____.