

**2009 – 2010**  
**Mother's Morning Out Child Registration**  
First Baptist Church of Hendersonville, NC

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Male Female Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Home #: \_\_\_\_\_ Home #: \_\_\_\_\_

Work/Cell: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Person(s) other than parent authorized to pick up child, may also serve as emergency contact(s):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

***Medical Information***

Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

List Allergies (food, plants, medications, animals, etc) \_\_\_\_\_

Immunizations Updated: circle one YES NO – please keep children up to date for health & safety.

**AUTHORIZATION FOR TREATMENT:**

The information provided on this form is accurate so far as I know. I hereby give permission to the medical personnel selected by the FBC Hendersonville Staff to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for the above-named child. In the event I cannot be reached in an emergency or am otherwise unable to communicate with church staff, I hereby give permission to the physician selected by the Staff to secure and administer treatment, including hospitalization, for the said child. This completed form may be photocopied.

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_

Child Schedule/Information: Naptime: \_\_\_\_\_ Comfort Items: \_\_\_\_\_

Feeding Time(s): \_\_\_\_\_ Formula Type: \_\_\_\_\_

Bottle Prep Instructions: \_\_\_\_\_

All babies under 12 months will be placed on back to sleep as recommended by the N.C. Department of Health unless specified by parent. I would like my baby placed in the following position for sleep. \_\_\_\_\_

Potty Training Instructions: \_\_\_\_\_

Words used in potty training: \_\_\_\_\_

Children may be dropped off no earlier than 8:30 and must be picked up by 11:00 to avoid late charges. Late fees equal \$5 for the first 15 minutes after scheduled pick up and \$5 for every 15 minutes there after. Payable in cash upon arrival.