

MOTHERS DAY OUT REGISTRATION FORM

I would like to register my child for the following day(s):

Monday Tuesday Wednesday Thursday Friday

You may register up to three days a week per child; we will do our best to accommodate your requests. Please feel free to number your preferences.

Childs First & Last Name: _____ Childs Date of Birth: _____

Mothers Name: _____

Fathers Name: _____

Address: _____

Home Telephone: _____ Business Telephone: _____

E-Mail Address: _____

Doctor's Name: _____ Telephone: _____

Would you want the doctor to be called in case of emergency if you can not be reached?

YES _____ NO _____

In case of accident, I give my permission to Mother's Day Out to take my child to the nearest hospital.

Signature of Parent/Legal Guardian

Name and telephone number of someone to call in case of emergency when neither parent can be reached:

1. _____ Telephone: _____

2. _____ Telephone: _____

Please list any special medical information such as allergies, reactions, disabilities, etc. and/or other important information that may be helpful for the teacher to know:

Would you ever be interested in being a paid substitute in the event one of the staff members or volunteers is absent? YES _____ NO _____

Would you ever be interested in actively working on the Mother's Day Out program?
YES _____ NO _____

**Release and Waiver
Mother's Day Out Program
Orchard Park Presbyterian Church**

Child's Name and Age: _____
(Please Print)

I represent that I am the parent or legal guardian of a minor child ("Child"), whom I wish to have participate in the activities sponsored by or supervised by the Mother's Day Out Program ("Program") conducted at the Orchard Park Presbyterian Church ("Church").

I hereby understand that the Child's participation in the Program can be dangerous and the dangers may include damage to or destruction of personal property, minor and/or serious physical injury, or other unexpected mishaps. With full knowledge of these hazards and risks, I represent that I am signing and submitting this Release and waiver voluntarily of my own free will on my own behalf and on the behalf of the Child. I warrant that the Child has no physical, mental, or emotional disabilities that will impair his or her ability to participate in the Program. I understand and expressly assume full responsibility for myself and on behalf of the Child for all risks and dangers incident to the Program.

I have received, read, and understand the policies, guidelines, and tuition arrangements as set forth in the Orchard Park Presbyterian Mother's Day Out handbook and agree to comply with them.

I hereby give authorization for the emergency medical treatment of my child. In the event that a medical emergency should occur in my absence, I authorize the staff of the Orchard Park Presbyterian Mother's Day Out to administer aid and seek treatment. I will assume the cost of all medical emergency treatment.

I have read this Release and Waiver and fully understand its terms and the significance of those terms.

Signature of Parent/Legal Guardian

Date

CO-OP COMMITMENT FORM

The Mother's Day Out program is a child care cooperative center which depends on participating families to contribute time and talent to the classroom activities. It offers parents an opportunity to meet the staff, board members and other parents in a warm supportive setting.

Cooperative collaboration between the program and families is beneficial not only to the child, but to the success of the program. Parents therefore are expected to participate as child care helpers in the classrooms.

If a parent should miss their scheduled day without arranging for a substitute, a penalty fee of \$25 will be assessed and that child will not be able to stay for class that day. Also, the parent will receive a warning letter from the Board reminding them that if it should happen again, they will be asked to leave the program. Tuition will not be refunded.

This obligation is taken seriously by the Mother's Day Out Board. The safety and well-being of the child is at risk when a parent misses their scheduled day.

By signing this co-op commitment form, I understand my parental obligation to fulfill my scheduled co-op shifts.

Parent Signature: _____ Date: _____

PERMISSION TO PHOTOGRAPH FORM

Child's Name: _____

We are on online and on Facebook! Our website and Facebook page will be used to share news, reminders, and information about your child's program. Please let us know if we have permission to include your child's photo on our site and Facebook page. Please note that children will NEVER be identified by name in any photos that are used online or on Facebook.

___ NO, I do not give permission for photos of my child to be posted online or on Facebook

___ YES, I do give permission for photos of my child to be used online and on Facebook

Parent Signature: _____ Date: _____

MOTHERS DAY OUT HEALTH CERTIFICATE

To be completed by child's physician:

HEALTH HISTORY

Childs Name: _____

State required immunizations:

1. Diphtheria 3 doses dates: _____

2. Polio 3 doses dates: _____

3. MMR 1 dose date: _____

4. HIB 3 doses dates: _____

If administered after 15 months of age, 1 dose date: _____

5. Hepatitis B 3 doses dates: _____

6. Tetanus 3 doses dates: _____

7. Pertussis 3 doses dates: _____

Does child have any physical or chronic condition (i.e. sight, hearing, allergy, etc.)?

Varicella Vaccination: _____ or Date of Chicken Pox: _____

_____ has been examined by me and found physically able to
(Name of Child)

participate in a preschool program.

Health Care Provider: _____ (print)

Provider's Signature: _____ Date: _____