FIRST BAPTIST CHURCH

210 S. Morgan St.
Broussard, LA 70518
(337) 837-1112
Fax (337) 837-3728

MOTHER'S DAY OUT

2011-2012 REGISTRATION

Date: ________________________________

Child's Name_______________________________________Birthdate___________________________Sex_______________

Parents' Relationship to Each Other: ☒ Married ☒ Divorced ☒ Separated ☒ Single
(If divorced, a copy of the Divorce Decree noting guardianship, days of visitation, etc. must accompany this form.)

Child lives with (please check all that apply):
☒ Mother and Father ☒ Mother ☒ Father ☒ Other ____

Father's Name____

Home Address____Phone__________________________

City____ State______________ Zip_____________________________

Occupation____Employer_____________________________________

Work Phone_______________________________________ Mobile____

Mother's Name____

Home Address____Phone__________________________

City____ State______________ Zip_____________________________

Occupation____Employer_____________________________________

Work Phone____ Mobile____

Family religious preference___________________________________ Church Membership_____________________________

How did you find out about our program? ____

Does your child have any allergies? __________ If yes, please list all allergies. ____

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List at least one local person who will be available to assume responsibility for your child in an emergency if parents cannot be reached.

Name____ Relationship to child_______________________________

Address____ Driver's License __________________________________

City____ State __________________ Zip ______________________

Occupation____ Employer _______________________________________

Work Phone ______________________________ Home Phone _____________________ Mobile Phone ____________________

Release of Child

I authorize that my child, ____, be released by First Baptist Church of Broussard Early Education Program to the following persons, in addition to those already listed on this form.

Name ____ Relationship to child _____________________

Address_______________________________ City _______________________ State_______ Zip _________

Work Phone ____________________ Home Phone ____________________Mobile Phone ________________

Name ____ Relationship to child _____________________

Address_______________________________ City _______________________ State_______ Zip _________

Work Phone ____________________ Home Phone ____________________Mobile Phone ________________

Emergency Medical Care

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize First Baptist Church of Broussard staff to take my child to an Emergency Room or to the following physician or his/her associates, for medical care.

Dr. ____ Hospital ____________________________

Address ____ Phone _______________________

City ____ State ________________ Zip ____________

Special Instructions ____

I give consent for any and all treatment deemed necessary by the attending physician.

____

(Signature of Parent/Guardian)

Please check day/days preferred: Monday ____ Tuesday ____ Wednesday ____ Thursday ____

	2 Days	3 Days	4 Days
Registration Fee (non-refundable)	$75.00	$75.00	$75.00
Monthly Tuition	$150.00	$195.00	$240.00

Workbooks
2 year olds $40
3 year olds $50
4 year olds $70