

Mothers Morning Out Registration Form

First Presbyterian Church, Cheraw

(Rev. 2/2009)

Date: _____

Child's Information:

Name: _____

Birthday: _____

Allergies: _____

Medications: _____

Special Needs: _____

Parent/Guardian Information:

Name (s): _____

Str/PO: _____

City/St/ZIP _____

Phone #: _____

Cell Phone: _____

Alternate Emergency Contact:

Email: _____

w/phone # _____

Needed Signatures:

- In case of emergency and I or the emergency contact cannot be reached, I give my permission for the leaders of First Presbyterian's Mothers Morning Out to seek the necessary medical care for my child.

Parent/Guardian Signature

Date

Ins. Policy #: _____

Insured Person: _____

- First Presbyterian Church Mothers Morning Out has my permission to photograph and publish pictures of my child for promotional purposes.

Parent/Guardian Signature

Date

(OVER)

- The following people are allowed to transport my child to and from Mothers Morning Out:

Name/Phone

Name/Phone

Name/Phone

Name/Phone

Name/Phone

Name/Phone

Parent/Guardian Signature

Date

Please return this Registration Form to the Mothers Morning Out staff or the Church office.