



MIDDLE VALLEY
baptist church

Parent's Day Out Registration Form

Child's full name: _____

Date of Birth: _____ Sex: M or F

Address: _____

City: _____ State: _____ Zip: _____

Home telephone number: _____

Other siblings enrolled: Y or N

If yes, please give names:

Parent's Day Out Choice:

Monday only 9:30 – 2:00 Wednesday only 9:30 – 2:00 Both day's 9:30-2:00

Parental Information:

Mother's name: _____

Place of employment: _____

Home address: _____

City: _____ State: _____ Zip: _____

Home phone number: _____ Work phone number: _____

Cell phone number: _____

Father's name: _____

Place of employment: _____

Home address: _____

City: _____ State: _____ Zip: _____

Home phone number: _____ Work phone number: _____

Cell phone number: _____

EMERGENCY INFO:

Person to contact in case of an emergency:

Relationship: _____ Phone number: _____

Persons allowed to pick up your child(ren):

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

Persons not allowed to pick up your child:

Do you have a court order for us to put on file stipulating this? _____

Medical History:

Allergies/Medical Conditions:

Family Physician (child's doctor): _____

Phone: _____

I have read and agree to the policies of the Parent's Day Out Program of Middle Valley Baptist Church. I also agree that in the event of an emergency and contact cannot be made with parents or emergency contact, my child is to be taken to the nearest emergency medical facility. I will assume full responsibility of all charges.

Parent Signature

Date

Parent's Day Out Ministry
Child Profile

For the benefit of your child's teacher, please complete the questions below. If an item is not applicable to your child, put N/A in the space provided.

Child's name: _____ Birth date: _____

Child lives with: _____

EATING HABITS

Does your child usually eat breakfast? _____

Are eating habits considered: good moderate poor

Are there any concerns or info about their eating habits that we should know?: _____

If yes, please explain: _____

Does he/she feed him/herself: _____ Favorite foods: _____

Food allergies or special dietary needs: _____

SLEEPING HABITS

Usual a.m. wake time: _____

Does child take regular naps: _____ If yes, what time? _____

Child prefers sleeping on: tummy back side

Does your child have a special blanket or toy for naptime? _____

What is child's naptime routine? _____

TOILET HABITS

Potty trained? Y or N Training now? _____

Does your child let an adult know when he/she needs to go? _____

Does child go alone? _____ Needs help with: clothing wiping hand-washing

Does child go to the restroom: often occasionally seldom

If still wearing diapers, is child prone to diaper rashes? _____ Ointment used? _____

Is child allergic to any diapering supplies/? _____

Special instructions? _____

PHYSICAL GROWTH AND INTERACTION WITH OTHERS:

Does child demonstrate a preference for being: right handed left handed

Does child usually prefer playing: with other children by him/herself

Does child have many opportunities to be with other children? _____

Are these children: younger older same age

Has your child been in a childcare program before? _____

Is your child read to on a regular basis? _____

How many hours of TV/video does your child usually watch per day? _____

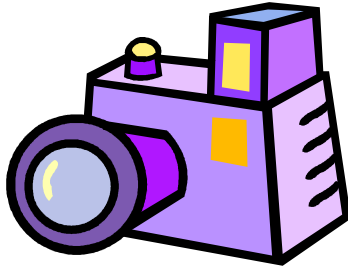
Child's favorite indoor activity: _____ Outdoor: _____

How does your child react when he/she doesn't get their way? _____

How do you handle it? _____

Does your child exhibit any problems with: listening _____ following instructions _____

Do you have any concerns about your child's development or interactions with other children that you would like us to know about? _____



Parent's Day Out
Photo Consent Form

Consent for Use of Photographs for Promotional Use

I hereby authorize and give full consent to Middle Valley Baptist Church to use for promotional purposes only all photographs in which I/my child appear(s) while involved in the ministries of Middle Valley Baptist Church.

I am the parent and/or guardian of : (please list all children under your care) _____

Please check one of the following:

_____ I hereby approve the foregoing and consent to the use of photographs subject to the terms mentioned above. I affirm that I have the legal right to issue such consent.

_____ I hereby do not authorize or grant consent for the use of such photographs.

Signature: _____ Date: _____
(Parent/Guardian)