

## St. Luke Mom's Day Out Child Info & Medical Release Form



Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mother's Name (First & Last) \_\_\_\_\_

Mother's Preferred Phone Number \_\_\_\_\_

Father's Name (First & Last) \_\_\_\_\_

Father's Preferred Phone Number \_\_\_\_\_

**Who do we contact first? (circle one)**      **Mother**      **Father**

Address (street, city, zip code) \_\_\_\_\_

\_\_\_\_\_

Please list where your family worships \_\_\_\_\_

Please list individuals who have permission to pick up your child, or can be contacted if we can't get in touch with you. Be sure to list their name as it appears on their identification- we will ask for proof of identity.

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone # \_\_\_\_\_

Does your child have any existing health problems we should be aware of?

No \_\_\_\_\_ Yes \_\_\_\_\_ Please explain in detail so that we can most effectively serve your child.

\_\_\_\_\_

\_\_\_\_\_

Is your child currently taking any prescription medication? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please list the name of the medication and the frequency: \_\_\_\_\_

Will we be responsible for administering it while your child is in our care? No \_\_\_\_\_ Yes \_\_\_\_\_

Does your child have any known allergies? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_

Insurance Company Name\_\_\_\_\_ Policy Number\_\_\_\_\_

*In the event MDO is unable to reach either parent or the third party, the Children's Pastor, or the Mother's Day Out Director have the full right to see that my child (children) have necessary medical care. This will hereby release those parties as well as St. Luke Church from any liability due to illness or accident.*

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Children's Pastor

\_\_\_\_\_  
Date

## Mom's Day Out Agreement

My child, \_\_\_\_\_, is enrolled in the MDO program at St. Luke Church. I have read the program information on the website, understand the guidelines and policies of the program and agree to abide by them.

I understand that St. Luke's Mom's Day Out program charges a registration fee of \$100 per year. I understand that St. Luke requires monthly fees to be paid by the first (1st) of the month. If fees are not received by the tenth (10th) of the month, a \$10 late fee will be charged. Monthly fees must be paid even though a child may be absent from class. Thirty (30) days notice of withdrawal from the program is requested.

I will pick up my child by 2pm. A late fee of \$1.00 per minute will be charged for each minute my child remains past 2pm. If an emergency should arise, a phone call will be expected.

If my child will be absent, I will make a courtesy call to inform the program director. These occasional "open slots" are used from time to time for emergency needs.

My child's teacher will be the first and most important link regarding my child's behavior or participation in the program. If there is a concern that affects the physical or emotional well being of the children in the program, the director may contact me. Although problems are not expected, MDO reserves the right to ask that a child be removed from the program if serious concerns remain unsolved.

PHOTO/VIDEO: Mom's Day Out takes photos for crafts and to share with parents. I agree to having photos and videos taken of my child. I understand that multiple children may be involved in a photo or video that could be shared with other families.

☐ I would like to opt out of the photo/video release in Mom's Day Out.

\_\_\_\_\_  
Parent

\_\_\_\_\_  
MDO Director