

MOTHER'S DAY OUT  
Registration Form

Full Name of Child

\_\_\_\_\_

(Last) (First) (Middle)

Child's Date of Birth \_\_\_\_\_ Preference of MDO day? \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs.

Name of Mother \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Name of Father \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Where Employed \_\_\_\_\_

Work Telephone \_\_\_\_\_ Work Hours \_\_\_\_\_

Does your family attend church? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Name of persons authorized to act for parents in case of emergency:

Family \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Friend \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have any health limitations or conditions we should be aware of ( allergies, asthma, seizures, etc.)? If none, please write "None". \_\_\_\_\_

Permission is granted to treat my child in case of an emergency.

Child's Dr. \_\_\_\_\_ Phone \_\_\_\_\_

I understand that if my child is unable to attend MDO on his/her scheduled day that I must give a day's notice or expect to pay for the session (except in the case of an emergency). Payment for each session is to be paid at the beginning of each session (Payment by the month is permitted if desired.)

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_