



A Place for Family and Friends
A Place to Love and be Loved
A Place to Belong and Become

DELL DALE AVENUE BAPTIST CHURCH
MOTHER'S DAY OUT
402 Dell Dale Avenue
P.O. Box 1506
Channelview, TX 77530
www.ddabc.org
281 452 3704

Mother's Day Out – REGISTRATION FORM

Child Information

Name: _____

Address: _____

Phone Number _____

Age (on Sept. 1st of this year) _____

Date of Birth: _____ Male Female
(include year)

Contact email address: _____
(This will be used for emergency contact such as school closure due to hurricane or new registration information.)

Enrollment Data

I wish to enroll my child in the _____ Two day Program One day Program
(If one day program, which day?) _____ Tuesday Thursday

How did you hear about our program? _____

Medical Information

Does your child have any allergies to food, drugs or other substances? _____

Does your child have any physical, emotional, or medical condition of which DDABC MDO staff should be aware? _____

Parent's Signature: _____

FAMILY INFORMATION

Child Information

Name: _____
 First Middle Last

Other children in family and ages: _____

Father's Information

Name: _____
 First Last

Address (if different from child's) _____

Employer: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Are you a member of a local church? If Yes, Where? _____

Mother's Information

Name: _____
 First Last

Address (if different from child's) _____

Employer: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Are you a member of a local church? If Yes, Where? _____

Marital Status: Married _____ Divorced _____ Separated _____ Single _____

CHILD RELEASE FORM

Children will be dismissed only to parents and to those whose names appear below. Any Changes MUST be given to the MDO Director. THIS IS FOR YOUR CHILD'S PROTECTION. (please use the back of this form for additional space)

Name: _____ Phone: _____

Cell Phone: _____

Relationship to child: _____

Name: _____ Phone: _____

Cell Phone: _____

Relationship to Child: _____

Name: _____ Phone: _____

Cell Phone: _____

Relationship to child: _____

In the event parents or the above named people cannot be reached at a time of illness or accident or the emergency is such that time does not permit such contact, the MDO Director and teachers are authorized to take the child to:

Physicians: 1st Choice: _____

Phone: _____ Address: _____

Physicians: 2ns Choice: _____

Phone: _____ Address: _____

If neither of the above physicians can be reached, permission is granted for your child to be taken to the nearest medical facility and treated by the physician on duty.

Parent's Signature _____