

Christ Church



Mother's Day Out Registration Form

September 2009 – May 2010
Monday - Thursday 9:30 AM-2:30 PM

Please check the age group and *circle* your two/day preference. Actual enrolled days will be based upon availability.

- | | | |
|--|----------------|-------------------|
| <input type="checkbox"/> ONES-Must Turn 1 by Sept. 30 | Mon/Wed | Tues/Thurs |
| <input type="checkbox"/> TWOS-Must Turn 2 by Sept. 30 | Mon/Wed | Tues/Thurs |
| <input type="checkbox"/> THREES-Must Turn 3 by Sept. 30 | | Tues/Thurs |

Child's Full Name _____ Age _____

Child's Sex _____ Birth Date _____ / _____ / _____ Preferred Name _____

Parents/Guardians _____ Address _____

City _____ State _____ Zip _____

Home Phone _____ Mom's Cell _____ Dad's Cell _____

E-Mail _____

Mom's Occupation _____ Work Phone _____

Dad's Occupation _____ Work Phone _____

Emergency Contacts:

Name _____ Relationship to child _____ Phone _____

Name _____ Relationship to child _____ Phone _____

Child's Doctor _____ Phone _____ Hospital Choice _____

In the event of an emergency, may we take your child to the doctor you have designated if none of the above can be reached? _____ May we take your child to the hospital? _____

Does your child have special needs regarding health or allergies? _____ If yes, please list _____

List characteristics of your child that you think would be helpful to caregivers _____

Is child potty-trained? _____

Names & ages of other children in family _____

Church family attends _____

Additional Emergency Contacts (Optional)

Name	Relationship to Child	Phone

PAYMENT INFORMATION

Please make checks payable to Christ Church Mother's Day Out.

The **Non-Refundable \$75 Registration & \$15 Resource Fee** should accompany this application, once space is approved.

Monthly Tuition: \$146 (Two days a week)

Conditions of Enrollment

All tuition must be paid monthly by the due dates (see handbook for dates) unless alternative arrangements have been made with the office.

All children must be able to adjust to separation from a parent/guardian and follow basic directives given by a teacher.

Any irreconcilable differences between parents and the program guidelines/restrictions may result in relinquishment of a position within the program.

Signature of Parent/Guardian

Date

BY SIGNING THIS DOCUMENT YOU ARE AGREEING TO BOTH PAGES 1 AND 2.

For Office Use Only:

Date Received _____ Check Number _____
Amount _____ Class _____
Comments _____

LIABILITY RELEASE 2009-10

RELEASE OF ALL CLAIMS –
FILLED OUT BY PARENT OR GAURDIAN

In consideration for being accepted by CHRIST CHURCH NASHVILLE for participation in the King's Kids Mother's Day Out Program in the year 2009-10, we (I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless CHRIST CHURCH NASHVILLE and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described camp and activities.

Furthermore, we (I) [and on behalf of our (my) child-participant if under the age of 21 years] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is given to said church to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

(If the participant has not attained the age of 21 years):

We (I) are(am) the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him(her) to participate fully in said trip, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Name of Participant: _____

Parent(s)/Guardian(s) Names: _____

Phone Number(s): (____) _____ (h) (____) _____ (w)

In case of emergency, contact: _____ (____) _____

Insurance Company: _____

Policy Number: _____

Physician's Name: _____ Phone Number: (____) _____

Any Allergies? _____ If yes, please list: _____

Are you presently on medication? _____ If yes, please list: _____

Date of Last Tetanus Shot: _____

Please list any medical conditions that we need to be aware of: _____

Father/Legal Guardian _____ Date: _____

Mother/Legal Guardian _____ Date: _____

I have read the foregoing and understand the rules of conduct for participations and will abide by them as well as the directions of the leadership.

Christ Church Mother's Day Out * 15354 Old Hickory Blvd. * Nashville, TN 37211 * 615-834-2748

PERMISSION AND AUTHORIZATION FORMS

Student's Name: _____

Please read each section. Sign and date where applicable. Your registration will not be valid until these forms are signed.

Financial Obligations

In the event a student has registered and has been accepted, but fails to pay the first month's tuition on the first day of school, the student's registration will become void and the opening in the class filled with the first available applicant on the waiting list.

The registration fee cannot be refunded. All withdrawals must be made in writing to the office and shall be effective when such notice is delivered to the school.

Tuition is calculated on the basis of the entire school year; therefore, no reductions can be made for vacations or school holidays. Reductions cannot be made for tuition for absence during the school year. If a student leaves the school for any reason during the school year, or enters after the school year has begun, charges are pro-rated according to the actual number of days enrolled.

Tuition must be turned in to the teacher on the first school day of each month. A late fee of \$10 will be added to your child's tuition after the 10th day of each month. If your child is absent during the first week, you must make arrangements with the director to avoid late fees.

I/we agree to uphold the financial obligations as stated above. We also agree to follow the guidelines and regulations as stated in the Student/Parent Handbook.

Signature

Date

Permission to Participate in School Activities & to Receive Emergency Medical Care

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the school.

I hereby grant permission for the teacher or director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact the child's parent or guardian through any of the persons listed on any part of the application.
4. If we are unable to contact you or your child's physician, we will do any or all of the following:
 - a. Call another physician or paramedic.
 - b. Call an ambulance.
 - c. Have the child taken to an emergency hospital in the company of a staff member.

Any expenses incurred under #4 above will be the responsibility of the child's family.

The school will not be responsible for anything that may happen as a result of false information given on this application or at the time of enrollment.

Signature of Mother

Date

Signature of Father

Date

Medical Release

I, _____, hereby give permission for Christ Church Mother's Day Out to call a physician, secure necessary medical care, including the administration of anesthesia if surgery is advised by a physician and to otherwise act on my behalf when I cannot be reached and/or when delay would be dangerous, in order to protect my child, in case of illness or accident.

Parent Signature

Date

Parent Signature

Date

Child's Release Form

Please list all those to whom we may release your child. Include names of both parents, if applicable.

Name	Relationship	Address
1.		
2.		
3.		

Signature of Parent/Guardian

Date

Authorization for Medication

Student's Name: _____ Teacher: _____

Medication to be given: _____ Dosage to be given: _____

Time(s) to be given: _____ Any potential side effects: _____

Doctor's name and phone number: _____

Do you give permission for Tylenol to be given to your child while in the care of Christ Church Mother's Day Out, if necessary?
 YES NO

I hereby give permission for Christ Church Mother's Day Out staff to administer the stated medication and dosages as listed above.

I hereby agree to uphold the Illness Policy as stated in the Parent Handbook.

Signature of Parent/Guardian

Date

Photo Waiver

Periodically, Christ Church Mother's Day our and King's Kids Preschool would like to use photos of the children for our Web Page, Slide Presentations or Printed Materials. Please sign the waiver and indicate if you do or do not authorize us to use your child's image.

I hereby *grant / do not grant* Christ Church **Mother's Day Out and King's Kids Preschool/Christ Church Nashville** full rights to copyright, exhibit, and

(circle one) publish in any medium including, but not limited to, promotion, advertising, or Internet photographs taken by the Christ Church Mother's Day Out and King's Kids Preschool/**Christ Church Nashville** of my child _____(name of child being photographed).

Parent/Guardian Signature