

**Fall/Spring 2024-2025
Covenant Lutheran Mother's Day Out
Registration Form**

Today's Date _____

Child's Information

Name _____ Date of Birth _____

Address _____ City _____ ZIP _____

Gender _____

Registration Fee \$105 (\$100 cash/check)

____ Half Day 9:00-12:00 (\$170 or \$165 cash/check)

____ Full Day 9:00-2:00 (\$200 or \$195 cash/check) Nap after lunch? _____

Parent's Information

Primary

Secondary

Full Name _____

Address (if different) _____

Cell Phone _____

Email _____

Emergency Contact Name: _____ Phone#: _____

List 3 people other than the child's parents who will be authorized to pick up your child.

A photo ID must be present at time of pick up.

1. _____ 2. _____ 3. _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

Name of Physician: _____

Address: _____ Phone#: _____

I give consent for the staff at Covenant Lutheran MDO to secure any and all necessary emergency medical care for my child.

_____ Date: _____

Signature of Legal Guardian

On the back of this form, list any special problems that your child may have such as allergies, existing illnesses, previous serious illnesses, injuries and/or hospitalizations during the past 12 months, any medications prescribed for long term continuous use, and any other information of which the caregivers should be aware.

To be completed by staff:

Enrollment Date: _____ Registration Fee Paid: _____ Received Shot Records: _____