



Ingleside United Methodist Church **DATE RECEIVED** _____

4264 Capital Heights Avenue

Mother's Day Out Fall/Spring Registration 2020-2021

OFFICE USE ONLY: Registration fee \$125.00 (non-refundable) Received _____

IMMUNIZATION RECORD RECEIVED _____

PARENTS PLEASE COMPLETE: Circle one: Nursery Toddler 2's 3's 4's **PLEASE PRINT**

Child's Name _____ Sex: Male/Female

Date of Birth _____ Age on August 1, 2020 _____

Mother and Father _____ Home Phone _____

Mother's Cell/work _____ Father's Cell/work _____

Mother's email _____

Father's email _____

Home address _____

Mother's employment _____

Father's employment _____

Siblings and age _____

Allergies _____

EMERGENCY CONTACT

Name/Relationship _____ Phone _____

Name/Relationship _____ Phone _____

Doctor _____ Phone _____

**Days Requested: Three (Circle days requested) Monday Tuesday Wednesday Thursday OR FOUR
4's are required to register for 4 days COST 4 DAYS \$320 PER MONTH 3 DAYS \$280**

In case of emergency, I give Ingleside permission to take my child to the Emergency Room at Our Lady of the Lake Regional Medical Center and I accept the charges incurred? YES NO. inglesidemdo@gmail.com 225-344-7400

How did you hear about Ingleside Mother's Day Out? _____

Please indicate your **permission preferences** on this form and sign below.

I give permission for my child's picture to be used:

On the Ingleside United Methodist Church website yes____ no____

In the Ingleside United Methodist Church newsletter yes____ no____

On the Ingleside United Methodist Church Facebook page yes____ no____

In emails to Ingleside MDO parents of MDO children yes____ no____

PARENTS SIGNATURE

DATE