



Christ Episcopal Church

Parent's Morning Out Registration Form

\$20 Registration and Supply Fee (Non-Refundable)

Date: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Child's

Name: \_\_\_\_\_

Parent's

Name: \_\_\_\_\_

Mom's Phone Number: \_\_\_\_\_ Mom's Cell Number: \_\_\_\_\_

Dad's Phone Number: \_\_\_\_\_ Dad's Cell Number: \_\_\_\_\_

Full

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Physician's

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Persons to contact in case of Emergency:

1. \_\_\_\_\_

2. \_\_\_\_\_

Any Allergies:

\_\_\_\_\_  
\_\_\_\_\_

Persons allowed to pick up your child:

1. \_\_\_\_\_

2. \_\_\_\_\_

Special Information (Nap time, bottle time, etc): \_\_\_\_\_

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PMO children can attend one two, or three days a week. Please provide days you would like your child to attend. One day is \$50 per month, Two days \$100 per month, and Three days \$150 per month.

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

In addition, I hereby grant permission for the caregivers to take whatever steps may be necessary to obtain emergency medical care.

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. If we are unable to contact you or your physicaian, we will do the following:
  - A. Call another physican.
  - B. Call an ambulance.
  - C. Have your child taken to an emergency hospital in the company of a staff member.
4. Any expense incurred under #3 will be borne by the child's family.
5. The church will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

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

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