



St. Paul Mother's Day Out Enrollment Form

Child's Name:		Sex:	Birth Date:	Child's preferred name:
Street Address:		City:	Zip:	
Parent #1 Name:				
Employer & Address:				
Parent #1 Cell Phone:			Work Phone:	
Parent #2 Name:				
Employer & Address:				
Parent #2 Cell Phone:			Work Phone:	
Preferred Email address:			Home Phone:	
Names and ages of siblings:				
How did you learn of our program?				
Parent's Marital Status: (please circle)		Married Single Divorced Widowed		
If divorced , does the non-custodial parent have visitation privileges? (please circle)				Yes or No
<u>EMERGENCY CONTACTS</u>				
<u>Do not include spouse.</u> If you are unavailable, we should be able to reach one of the persons listed below at any given time during the school session. This gives them permission to pick up your child.				
Name:			Phone:	
Address:			Relationship	
Name:			Phone:	
Address:			Relationship	

For Director Use

Registration Date:

Class Room Assignment:

Registration Fee Paid:

Child's Health Record

Required Immunizations

Before admission to St Paul's Mother's Day Out, children are required to be current on all immunizations as recommended by the American Pediatrics Association. Please provide a copy of your child's shot record, signed by your doctor.

Allergies

Drug/Medication Allergies:

Allergy related reactions:
Caused by:

Eczema:

Asthma:

Others:

Food Allergies:

General Medical Information

Is the child currently free from communicable disease?

Is the child regularly receiving prescribed medication? Type:

Please give any special concerns you have regarding your child's health and care while at St Paul's MDO.

Permission Statements

1. I grant permission for my child's photo to be taken while in attendance at MDO

Yes _____

No _____

2. Classroom photos: If answered yes to the previous question, do you give permission for those photos to be used within the classroom, to include, but not limited to bulletin boards, portfolios, social media posts and our MDO website.

Yes _____

No _____

The above information is correct as of this date.

Parent Signature

Date

My Class Preference: 1st Choice _____

2nd Choice _____