

**Berean Bible Church
Mother's Morning Out
Enrollment Form
2019-2020**

Child's Name _____ Birthdate ____/____/____

Father's Name _____ Driver's License _____

Home Address _____ Phone _____

City _____ State _____ Zip _____

Occupation _____ Employer _____

Work Phone _____ Mobile _____

Email address _____

Mother's Name _____ Driver's License _____

Home Address _____ Phone _____

City _____ State _____ Zip _____

Occupation _____ Employer _____

Work Phone _____ Mobile _____

Email address _____

Parents' Relationship to Each Other:

Married Divorced Separated Single

(If divorced, a copy of the Divorce Decree noting guardianship, days of visitation, etc. must accompany this form.)

Child lives with (please check all that apply):

Mother and Father Mother Father Other _____

Child's Name _____

List at least one local person who will be available to assume responsibility to your child in an emergency if parents cannot be reached.

Name _____ Relationship to child _____

Home Address _____ Driver's License _____

City _____ State _____ Zip _____

Occupation _____ Employer _____

Work Phone _____ Home Phone _____ Mobile Phone _____

Location of Church Membership _____

- Does your child have any food allergy? yes ___ no ___ If so, explain. _____
- Does your child have any dietary restrictions? yes ___ no ___ If so, explain. _____
- Does your child have any other allergies? yes ___ no ___ If so, explain on the health form.

Release of Child

I authorize that my child, _____, be released by Berean Bible Church Mother's Morning Out program to the following persons, in addition to those already listed on this form.

Name _____ Relationship to child _____

Home Address _____ Driver's License _____

City _____ State _____ Zip _____

Occupation _____ Employer _____

Work Phone _____ Home Phone _____ Mobile Phone _____

Name _____ Relationship to child _____

Home Address _____ Driver's License _____

City _____ State _____ Zip _____

Occupation _____ Employer _____

Work Phone _____ Home Phone _____ Mobile Phone _____

Child's Name _____

Emergency Medical Care

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize **Berean Bible Church Mother's Morning Out staff** to take my child to an Emergency Room, or to the following physician or his/her associates, for medical care.

Dr. _____ Hospital _____

Address _____ Phone _____

City _____ State _____ Zip _____

Special Instructions _____

**I give consent for any and all treatment deemed necessary by the attending physician.
(Attach a photocopy of your insurance card)**

Signature of Parent/Guardian

Parent Signature _____ Date _____

For Office Use Only

Date of Interview _____ Interview by _____

Date of Enrollment _____ Class Assignment _____