

**MOTHER'S DAY OUT
REGISTRATION FORM 2023-2024**

First Presbyterian Church

540 Sam Ridley Parkway West

Smyrna, TN 37167

Full Name of Child _____ Boy or Girl
(First) (Middle) (Last)

Child likes to be called _____ Date of Birth _____

Home Address (street name) _____

City _____ State _____ Zip Code _____

Allergies and Medications

List all allergies, including food		
Symptoms		
List Medications Taken		
Epipen Required	YES	NO
Epipen Provided	YES	NO

REQUIRED: Parental Information – all details must be completed. Please PRINT clearly*

	Mother	Father
Name & Driver's License No.		
Address (if different than child)		
Home Phone		
Cell Phone		
Employed By		
Work Phone		
Email address		

Who will consistently pick up your child on a daily basis:

If someone other than the normal person is picking up your child, the Director must be notified either at drop off or via a text message (615)473-7134, authorizing someone else to pick up your child. No child will be released without prior notification to the Director.

Brothers/Sisters

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

How did you hear about us _____ Referred by _____

PLEASE COMPLETE THE BACK SIDE

Name	Relationship	Phone Number

Security Concerns:

Are there any persons/family members that your child should NOT be allowed to leave with or have contact with? (i.e. parent has a restraining order in place, etc.) Please provide as much information as possible.

Experience with Others:

Has your child been in a program before?	YES	NO
If yes, why did you leave? _____		
Does your child play with children other than family members?	YES	NO
Does your child separate easily from parent?	YES	NO
Is your child potty trained?	YES	NO
If potty trained, is your child independent in the bathroom?	YES	NO
If not potty trained, what stage of potty training are they in? _____		

General Information:

Does your child nap? YES Usual time? _____ NO

Does your child have any distinctive birth marks? If so, where: _____

Describe your child: Active Quiet Friendly Shy Loving Outgoing Easily adaptable Reserved Loner
 Verbal Non-Verbal Sensory Issues

What language does the child speak at home? English Other _____ Does your child speak/understand English? Y N

English MUST be spoken and understood within the MDO program in order to communicate with the Directors and Teachers.

Does your child have any special needs or is there any other information that may be helpful to your child's teacher? _____

Immunizations: First Presbyterian Church's Mother's Day Out Program REQUIRES all children be vaccinated to participate in our program. A copy of the child's shot record must be in place before the child can start the program.

Is your child up-to-date on their vaccinations? YES NO

If no, please explain: _____

First Presbyterian Church's Mother's Day Out Program is not required to be licensed by the State as a childcare agency. Our Mother's Day Out Program is registered with the Department of Human Services. Registration form and non-refundable registration fee must be collected in order to secure a place for your child. Class enrollment is based on the child's age as of August 15, to keep in line with the Rutherford County School system. You will be notified of class and teacher assignments prior to the first day of school. Each student will receive a "Welcome Packet" with the details of our programs policies.

Parent/Guardian Signature _____ Date _____

For MDO Completion Only: Classroom: _____

Date Registered _____ Amount Paid _____ Check # or cash _____ Shot Records: YES NO