



Mother's Morning Out Registration

CHILD INFORMATION

Name: (First Last) _____ Date of Birth: ____/____/____ Age: ____ Gender: Girl Boy

Address: _____ Potty Trained: Yes No

PARENT INFORMATION

Father's Name: First Last _____ Mobile Phone: (_____) _____ - _____

Father's Employer: _____ Job Title: _____ Email Address: _____

Mother's Name: First Last _____ Mobile Phone: (_____) _____ - _____

Mother's Employer: _____ Job Title: _____ Email Address: _____

EMERGENCY CONTACT

Emergency Contact #1

Name: First _____ Last _____

Relationship: _____ Phone: _____

Emergency Contact #2

Name: First _____ Last _____

Relationship: _____ Phone: _____

PICK UP INFORMATION

Other than listed parents, who is authorized to pick up your child from Mother's Morning Out at Palmetto Proper?

Authorized Person #1

Name: First _____ Last _____

Relationship: _____ Phone: _____

Authorized Person #2

Name: First _____ Last _____

Relationship: _____ Phone: _____

MEDICAL INFORMATION

Pediatrician: _____ Phone: _____

Allergies: _____ Dietary Restrictions: _____

_____ (initial) In my absence, I give permission for medical treatment to be administered to my child in the event of an emergency while attending the Mother's Afternoon Out Program at Palmetto Proper, LLC.

NOTES

Please list any additional notes that you would like to share with us about your child including developmental concerns, habits, interests, etc.

Parent Signature

Parent Printed Name

Date

PAID: <input type="checkbox"/> Registration Fee		<input type="checkbox"/> Supply Fee	<input type="checkbox"/> Tuition	Order Number: _____
Staff Signature: _____		<input type="checkbox"/> Month		Total: \$ _____
		<input type="checkbox"/> Semester		Date: _____