

# Abundant Life Ministries Mother's Day Out (ALMMDO)

A Ministry of Sylvan Hills First Baptist Church

9008 HWY 107, Sherwood, AR 72120 – office: 501-835-2204 Fax: 501-835-8732

## 2018 – 2019 Registration Form

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle mm/dd/yyyy

Address: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_  
Street City State Zip

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Has your child ever been registered with ALMMDO before? Yes \_\_\_ No \_\_\_

How did you hear about ALMMDO? \_\_\_\_\_

Has your child ever been enrolled at other childcare facilities? Yes \_\_\_ No \_\_\_ If yes where? \_\_\_\_\_

Are you a member of Sylvan Hills First Baptist Church? Yes \_\_\_ No \_\_\_

If no, what church do you attend? \_\_\_\_\_

**Is your child potty trained? Yes \_\_\_ No \_\_\_ A child is considered potty trained when he/she has mastered using the toilet, wears underwear/panties, and no longer needs diapers/pull-ups for bathroom accidents.**

Child Resides With (Check one): Both Parents \_\_\_ M \_\_\_ Step Parent \_\_\_ Grandparent \_\_\_ Guardian \_\_\_

**Father/Guardian Name:** \_\_\_\_\_ ( ) - \_\_\_\_\_  
Last First Middle Cell Phone

Address if different from child: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Hours: \_\_\_\_\_ ( ) - \_\_\_\_\_  
Work Phone

- Emergency Contact: (Check one): ( ) yes ( ) no
- **Authorized to pick up child: (Check one): ( ) yes ( ) no**
- Responsible for paying payments: (Check one) yes ( ) no ( )

**Mother/Guardian Name:** \_\_\_\_\_ ( ) - \_\_\_\_\_  
Last First Middle Cell Phone

Address if different from child: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Hours: \_\_\_\_\_ ( ) - \_\_\_\_\_  
Work Phone

- Emergency Contact: (Check one): ( ) yes ( ) no
- **Authorized to pick up child: (Check one): ( ) yes ( ) no**
- Responsible for paying payments: (Check one) yes ( ) no ( )

## Medical Information:

Child's Physician: \_\_\_\_\_ Physician Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

List known allergies: \_\_\_\_\_ Severity of allergy: Mild \_\_\_ Moderate \_\_\_ Severe \_\_\_

Treatment for Allergy: Epi Pen \_\_\_ Antihistamine \_\_\_ Other: \_\_\_\_\_ Milk or Formula Preference: \_\_\_\_\_

Medical conditions/impairments, and behavioral concerns: \_\_\_\_\_

**Person authorized to act for parents in case of emergency and is authorized to pick up child:**

**Contact Name:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

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

Street City State Zip  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

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

Street City State Zip  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

**Persons authorized to pick up child not mentioned above\***

**Contact Name:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_ **Contact #** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_ **Contact #** \_\_\_\_\_

**\*No child will be permitted to leave ALMMDO with any person other than the person authorized by parent/guardian to pick up child. Please inform all authorized people picking up child that photo ID will be requested to confirm authorization.**

Please Circle the Days You are interested in:  
Monday's Tuesday's Wednesday's Thursday's

**Consent for Emergency Medical Care:**

I \_\_\_\_\_, do hereby request and give consent to the director of Abundant Life Ministries Mother's Day Out or her duly appointed representative for \_\_\_\_\_ to receive such medical or surgical aid, as may be deemed necessary and expedient by a duly licensed or recognized physician in case of an emergency when the parent/guardian or other emergency contact could not be reached. I also give permission for transportation of the child for emergency treatment.

**Photography/Video**

Mother's Day Out takes pictures of children to put in newsletters only. Photographs are not shared with any source of social media or advertising. Video: Each classroom is under video surveillance on a daily basis. The monitor to view all 5 classrooms is located in the Director's office. The cameras are used for daily viewing purposes only and will not be put on the internet or any social media.

**Your signature indicates that you have read and understand all policies including the discipline and payment policies detailed in the Mother's Day Out policy/handbook and you are willing to provide current immunization records as required by the Department of Human Services, Division of Child Care and Early Childhood Education, Licensing Division.**

**Print Name (First & Last):** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**To complete registration please submit:**

- \$45.00 non-refundable annual registration fee
- Copy of Current immunization record (New Students)
- Returning students turn in immunization record if it's been updated
- 2018-2019 Registration Form Completed **\*Does not guarantee enrollment\***

Office Use Only: Nursery 1 Nursery 2 Toddler Preschool 1 Preschool 2

Registration Paid and method: \_\_\_\_\_ Date Registration Paid: \_\_\_\_\_ Price Per Day: \_\_\_\_\_

Interested In Before Care? \_\_\_\_\_ Interested in After Care? \_\_\_\_\_ Interested in both? \_\_\_\_\_