

## Desoto Hills Baptist PDO Registration Form 2017

Child's Full Name \_\_\_\_\_

Name child goes by: \_\_\_\_\_ Birthday \_\_\_\_\_

Age of child on September 1, 2017 \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Church \_\_\_\_\_ Email \_\_\_\_\_

**Mother:** \_\_\_\_\_ **Father:** \_\_\_\_\_

Home # \_\_\_\_\_ Home # \_\_\_\_\_

Cell # \_\_\_\_\_ Cell # \_\_\_\_\_

Work # \_\_\_\_\_ Work # \_\_\_\_\_

Employment \_\_\_\_\_ Employment \_\_\_\_\_

**Emergency Contacts (other than parents) and persons authorized to pick up child:**

**\*MUST SHOW ID**

1. \_\_\_\_\_

2. \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Cell # \_\_\_\_\_

Cell # \_\_\_\_\_

Home/work # \_\_\_\_\_

Home/work # \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Cell # \_\_\_\_\_

Cell # \_\_\_\_\_

Home/work # \_\_\_\_\_

Home/work # \_\_\_\_\_

*Please tell us a little about your child's personality:*

Child's Name \_\_\_\_\_

I give permission to DeSoto Hills Baptist Parents' Day Out Preschool to take pictures of my child. I understand that these will be used for crafts as well as possible promotional purposes. If the pictures are used online, I understand that the names will be withheld.

Signature \_\_\_\_\_

**Permission to Participate in Activities and  
To Receive Emergency Medical Care**

I grant permission for my child to use the play equipment and participate in the activities of the Parents' Day Out Preschool Program.

I grant permission to the coordinator, teacher, and any other staff member to take whatever steps necessary if a medical emergency arises and first aid is required. I understand that DHBC will not be held responsible for any injuries sustained and that any expenses incurred will be the responsibility of the child's family.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Physician: \_\_\_\_\_ Phone# \_\_\_\_\_

Insurance Company \_\_\_\_\_ Group \_\_\_\_\_

Policy Number \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Prescriptions taken daily: \_\_\_\_\_

**Allergies** \_\_\_\_\_

**\*\*We must have this completed form, \$50 registration fee, and a current shot record (MS – 121) on file to hold your child's place in PDO for August 2017.**

FOR OFFICE USE ONLY: \$50 Registration paid (date) \_\_\_\_\_ check # \_\_\_\_\_

Shot record on file (date) \_\_\_\_\_ Staff initials \_\_\_\_\_