



Ingleside United Methodist Church **DATE RECEIVED** \_\_\_\_\_

4264 Capital Heights [inglesidemdo@gmail.com](mailto:inglesidemdo@gmail.com) 225-344-7400

**Mother's Day Out** Fall/Spring Registration 2021-2022

**OFFICE USE ONLY:** Registration fee \$125.00 (non-refundable) Received \_\_\_\_\_

**CURRENT IMMUNIZATION RECORD RECEIVED** \_\_\_\_\_

**PARENTS PLEASE COMPLETE:** Circle one: Nursery Toddler 2's 3's 4's **PLEASE PRINT**

Child's Name \_\_\_\_\_ Sex: Male/Female

Date of Birth \_\_\_\_\_ Age on August 1, 2021 \_\_\_\_\_

Mother and Father \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Cell/work \_\_\_\_\_ Father's Cell/work \_\_\_\_\_

Mother's email \_\_\_\_\_

Father's email \_\_\_\_\_

Home address \_\_\_\_\_

Mother's employment \_\_\_\_\_

Father's employment \_\_\_\_\_

Siblings and age \_\_\_\_\_

Where do Siblings go to school? \_\_\_\_\_

Allergies \_\_\_\_\_

**EMERGENCY CONTACT:**

Name/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

In case of emergency, I give Ingleside MDO permission to take my child to the Emergency Room at Our Lady of the Lake Regional Medical Center and I accept the charges incurred? YES NO

**Days Requested: Three (Circle days requested) Monday Tuesday Wednesday Thursday OR FOUR**

**4's are required to register for 4 days COST 4 DAYS \$340 PER MONTH 3 DAYS \$300**

How did you hear about Ingleside Mother's Day Out? \_\_\_\_\_

Please indicate your **permission preferences** on this form and sign below.

I give permission for my child's picture to be used:

On the Ingleside United Methodist Church website yes\_\_\_\_ no\_\_\_\_

In the Ingleside United Methodist Church newsletter yes\_\_\_\_ no\_\_\_\_

On the Ingleside United Methodist Church Facebook page yes\_\_\_\_ no\_\_\_\_

In emails to Ingleside MDO parents of MDO children yes\_\_\_\_ no\_\_\_\_

\_\_\_\_\_  
PARENTS SIGNATURE

\_\_\_\_\_  
DATE