

Ingleside United Methodist Church

4264 Capital Heights Avenue • Baton Rouge, LA 70806

Mother's Day Out — Fall Registration 2019-2020

| Circle one: Nursery Toddler 2's 3's 4's Re | gistration fee \$100.00_ | non-refundable |
|--|---|---|
| Child's Name | | Sex: Male/Female |
| Date of Birth | Age on Sept.1, 2019 | |
| Mother and Father | Home P | hone |
| 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 | | |
| EMERGENCY CONTACT | | |
| Name/Relationship | Phone | |
| Name/Relationship | Phone | |
| Allergies | | |
| Doctor | Phone | |
| Days Requested: Three (Circle days requested 4's are required to register for 4 days In case of emergency, I give Ingleside permission to take Medical Center and I accominglesidemdo@gmail. How did you hear about Ingleside Mother's Days | COST 4 DAYS \$300 PE my child to the Emergency R ept the charges incurred? YES COM 225-3 | R MONTH 3 DAYS \$260 pom at Our Lady of the Lake Regional |
| Please indicate your permission preferen | nces on this form an | d sign below. |
| I give permission for my child's picture to On the Ingleside United Methodist Church In the Ingleside United Methodist Church On the Ingleside United Methodist Church | website y newsletter y Facebook page y | res no res no es no |
| In emails to Ingleside MDO parents of MDO | O children y | es no |