



**HEALTH INFORMATION:**

Allergies: \_\_\_\_\_

Other medical conditions of which we should be aware: \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone number \_\_\_\_\_

My child has permission to be given minor first aid. \_\_\_\_\_ YES \_\_\_\_\_ NO

In the event that none of the persons listed on this registration form can be reached at the time of an illness or accident, I, \_\_\_\_\_, as the parent or guardian of \_\_\_\_\_ who is a minor child enrolled in either Mom's Day Out or Stepping Stones Preschool at First United Methodist Church, Enterprise, AL, authorize the Director or teacher of the Mom's Day Out Program and Stepping Stones Preschool to take my child, \_\_\_\_\_, to a medical facility for emergency treatment. I give my consent for any and all necessary treatment when my child is in this individual's care.

\_\_\_\_\_  
Parent/Guardian Signature Date

Please place a check mark by the items below to indicate agreement, fill in any blanks and sign at the bottom.

\_\_\_\_ I, \_\_\_\_\_, give permission for my child \_\_\_\_\_'s picture to be printed in the newspaper and/or face book should the opportunity present itself.

\_\_\_\_ I, \_\_\_\_\_, give permission for my child, \_\_\_\_\_, to walk to the Enterprise Library on a monthly basis. (Applicable only for Mom's Day Out 3s and Stepping Stones Preschool.)

\_\_\_\_\_  
Parent/Guardian Signature Date

Items needed to complete registration:

- Non-refundable registration fee \$115.00 due at time of registration
- \* Notarized form indicating your understanding that we are exempt from state regulations regarding child care programs
- \* Up to date Alabama shot record.
- \* Child Medical Report

\* Due August 1st