



Christ Episcopal Church

Parent's Morning Out Registration Form

\$20 Registration and Supply Fee (Non- Refundable)

Date: _____ DOB: _____ Age: _____

Child's Name: _____

Parent's Name: _____

Mom's Phone Number: _____ Mom's Cell Number: _____

Dad's Phone Number: _____ Dad's Cell Number: _____

Mailing Address: _____

Email Address: _____

Physician's Name _____ Phone: _____

Person to contact in case of Emergency:

1. _____

2. _____

Any Allergies:

Persons allowed to pick up your child:

1. _____

2. _____

Christ Episcopal PMO Registration

Special Information (Nap time, bottle time, etc.): _____

PMO children can attend up two days a week. Please provide days you would like your child to attend. One day is \$50 per month, Two days is \$100 per month.

I hereby grant permission for my child to use all of the playground equipment and participate in all of the activities provided.

In addition, I hereby grant permission for the caregivers to take whatever steps may be necessary to obtain emergency medical care.

These steps may include, but are not limited to the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. If we are unable to contact you or your physician, we will do the following:
 - A. Call another physician.
 - B. Call an Ambulance.
 - C. Have your child taken to an emergency hospital in the company of a staff member.
4. An expense incurred under #3 will be borne by the child's family.
5. The church will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____