

Child's Name _____

Date of Birth _____

Age as of Jun 1, 2025 _____ yrs. _____ mos.

Grade entering in the Fall _____ (if school age)

Home Address _____

Email _____

Home Phone _____

Mother's Name _____

Work Phone _____

Cell Phone _____

Father's Name _____

Work Phone _____

Cell Phone _____

Church Affiliation _____

Preferred Phone number during camp hours: _____

**Office Use Only:
Age as of June 1, 2025**

- _____ Come & Play 1: (8mo-14mo)
- _____ Come & Play 2: (15mo-21mo)
- _____ Come & Play 3: (22mo-29mo)
- _____ Cupcakes: (30mo-35mo)
- _____ Little Stars: (3yrs- 3 yrs 8 mo)
- _____ Rainbow: (3 yrs 9 mo- 4 yrs 2 mo)
- _____ Bubbles: (4 yrs 3 mo- 4 yrs 8 mo)
- _____ Stars & Stripes: (Rising Kindergarteners)
- _____ Firecrackers: (Rising 1st graders)
- _____ Creative Campers: (Rising 2nd graders)
- _____ Boll Weevils: (Rising 3rd graders)

- _____ **Paid Registration Fee \$50**
- _____ **Paid Summer Camp Tuition Fee \$350**

Check Out/Emergency Contact Information:

Persons to be contacted in case of emergency if parents cannot be reached: **(Must be local)**

1. Name _____

Phone Number _____ Relationship _____

2. Name _____

Phone Number _____ Relationship _____

3. Name _____

Phone Number _____ Relationship _____

Please note: A driver's license or photo I.D. will be required to pick up a child.

HEALTH INFORMATION:

Allergies: _____

Other medical conditions, or health concerns 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 Mom's Day Out Summer Camp at First Methodist Church Enterprise, AL authorize the Director of Mom's Day Out Summer Camp Program 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 posted on Facebook, should the opportunity arise.

_____, I, _____, give permission for my child _____ to ride in a stroller around the perimeter of the First Methodist Church Enterprise property with their teachers and classmates. (Applicable for 11 mos-21 mos only.)

_____, I, _____, give permission to the staff of Mom's Day Out to apply hand sanitizer to my child's _____ hands. I understand that the staff cannot be responsible for any allergic reactions or complications resulting from application of hand sanitizer.

Parent/Guardian Signature Date

Additional Item needed to complete the registration packet:

- An up-to-date Alabama Immunization Record