



Fees Paid		
SF Member	Y <input type="checkbox"/>	N <input type="checkbox"/>
EOL Allergy	Y <input type="checkbox"/>	N <input type="checkbox"/>

All applications must be complete, signed and notarized. Please attach a current shot record and completed Pediatrician/Medication forms in addition to registration and supply fees. All documents must be approved and all fees paid in full before a student can be "enrolled" at Spring First Church Mother's Day Out.
 (Tuition and Fees are due by the posted dates and are not refundable.)

Start Date: _____ **School Year:** **Summer Camp:**

Class Assigned: _____

Child's First Name	M.I.	Child's Last Name
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Date of Birth	Age	Gender
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Mailing Address	City Zip	State
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Mother	Work Phone	Cell
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Mother's Occupation	Mother's Email Address
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Father	Work Phone	Cell
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Father's Occupation	Father's Email Address
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In case of Emergency Contact: (if parents are not available)

Legal Name _____	Driver's License # _____
Nickname _____	Phone Number _____
Relationship To Child _____	

Individuals authorized to pick-up your child: (other than parents and emergency contact)

Name	Cell	Driver's License #
Name	Cell	Driver's License #

Medical Information:	
Medications to Be Administered During MDO Hours *Signed Pediatric Form*	
Major Medical Conditions/Concerns	
Name of Physician	
Physician Phone	
Insurance Company	Policy Number
END OF LIFE Allergies/Conditions	Sensitivity Allergies
1) _____ Reaction: _____ Treatment: _____	<input type="checkbox"/> Environmental <input type="checkbox"/> Insect Stings <input type="checkbox"/> Food
2) _____ Reaction: _____ Treatment: _____	<input type="checkbox"/> Food <input type="checkbox"/> Other <input type="checkbox"/> Other
Signed Pediatric Form Required for attendance	
Medical Release & Hold Harmless Agreement	

I (we), the parent(s), legal guardian(s), or custodian(s) of the child named above, knowingly release, absolve, INDEMNIFY, AND HOLD HARMLESS the Spring First Church of Spring, as well as its' employees, officers, directors, agents, representatives, affiliates, successors, and assigns from any and all causes of action of any kind whatsoever, whether in statute, contract, or tort (INCLUDING CLAIMS OF NEGLIGENCE), which in any way relate to or arise from the child's activities at or sponsored by Spring First Church of Spring.

In the event the child named above is injured while in the care of Spring First Church of Spring and requires the attention of a doctor, I (we) hereby authorize the Director of Mother's Day Out, and/or representatives of Spring First Church of Spring to give consent for us if we cannot be reached by telephone at one of the numbers listed above, or if because of an emergency, there is not time or opportunity to make a telephone call. In the event that it becomes necessary for one of these persons to give consent for us, we agree to hold such person, as well as Spring First Church of Spring, free and harmless and agree to INDEMNIFY such person, as well as Spring First Church of Spring, from any claims, demands, or suits for damages (INCLUDING CLAIMS OF NEGLIGENCE) arising from the giving of such consent as long as the treatment is administered by or under the supervision of a licensed physician.

At no time will Spring First Church publish my child's personal information such as address or telephone number. I hereby understand my child's photographs will be captured for special events, individual and class pictures and will be recorded during performances. These images may be included in Spring First Church publications, local press, live video, outreach brochures and Spring First Church social media.

Parent/Guardian Signature: _____ Date: ____/____/____

SUBSCRIBED & SWORN to before me by _____,

this ____ day of _____, _____, to certify which, witness my hand and seal of office.

Signature of Notary Public in and for Harris County, State of Texas

I have received a hard copy or PDF email copy and have read, understand, and agree to the Policy and Procedures Handbook for the Spring First Church Mother's Day Out program updated February 2016. I understand the things that I am responsible for and what I can expect from the MDO program and staff.

Please Sign Your Name Here:

Please Print Your Name Here:

Please Print Your Child's Name Here:

Today's Date:
