

PARENT'S MORNING OUT REGISTRATION FORM
MT. BETHEL CHURCH

Child's Full Name _____ M/F _____ Goes By _____

Address _____ City _____ Zip _____

Date of Birth _____ Primary Phone _____

Mother's Name _____ Member of Mt. Bethel? Yes/No

Cell Number _____ Email Address _____

Father's Name _____ Member of Mt. Bethel? Yes/No

Cell Number _____ Email Address _____

(If different than above)

Mom's Address _____ City _____ Zip _____

Dad's Address _____ City _____ Zip _____

EMERGENCY CONTACT

In case of emergency, we will attempt to first reach the child's parents. List two additional people for us to contact, if necessary, and to whom you give permission for picking up your child after PMO.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

MEDICAL INFORMATION

Allergies _____

Pediatrician _____ Phone _____

Preferred Hospital _____

Hospital Address _____

PERMISSION/UNDERSTANDINGS

1. I give permission for my child to participate in the activities of Parent's Morning Out (PMO). I understand that PMO is not licensed and qualifies for exemption from Bright From the Start Georgia Department of Early Care and Learning.

2. In the event I cannot be reached and my child needs emergency treatment, I authorize an attending physician at the nearest emergency facility to administer treatment. I agree to assume all financial responsibility and waive any and all claims against Mt. Bethel Church Inc., its employees and its appointed leaders.

Parent's Signature _____ Date _____

