

FBC Mother's Day Out 11-12 Registration Form

Personal Information

Child's Name _____ Male Female
Circle one please

Date of Birth _____ Age as of Sept. 30, 2011 _____

Home Address _____

City _____ St _____ Zip Code _____

Home Phone _____ Parent's e-mail address _____

Mother's Name _____

Home Address (if different) _____

Home Phone _____ Cell Phone _____ Work _____

Place of Employment _____

Father's Name _____

Home Address (if different) _____

Home Phone _____ Cell Phone _____ Work _____

Place of Employment _____

Other children in the family (please include age) _____

FBC Family yes no, If, no, where do you attend church? _____

Emergency Contact (other than a parent) _____

Home Phone _____ Cell Phone _____ Relationship _____

Medical Information

Insurance Information

Carrier _____

Policy Holder _____ Group Number _____

Pediatrician Name _____

Office phone number _____

Is your child currently on any prescription medication? Yes No If yes, please list

Is your child allergic to any medication? Yes No If yes, please list

Is your child allergic to any food? Yes No If yes, please list

Does your child suffer from any allergies of which we should be aware? Yes No
(ex. bee sting) If yes, please list _____

Child's Preferences

Does your child take a daily nap? Yes No How long does he sleep? _____

How does your child usually get to sleep? _____

Does your child have a "lovey"? Yes No What is it? _____

Does your child use a pacifier? Yes No

What are your child's fears? _____

List other information that might help us care for your child. _____
