

Parent Agreement - Handbook

I, _____, whose child _____ is enrolled in the 2024-2025 school year of Sunnyside Baptist Church Mother's Day Out Program, have received a copy of the Parent's Handbook. I have read and understand the policies and guidelines as described in the handbook, and I agree to abide by them.

_____ Signature

_____ Date

Photograph/Video Release and Authorization

The undersigned hereby authorizes Sunnyside Baptist Church MDO program, its leaders, to photograph and/or film me and/or my child, and consent to the use of my and/or my child's likeness in any and all publications and/or materials, including, but not limited to, advertising, news media, video and website materials. I further release Sunnyside Baptist Church from and waive any rights that I and/or my child might have to any revenue payment or fee for said photography and/or film.

_____ Signature

_____ Date

PLEASE SIGN AND RETURN THIS PAGE WITH YOUR REGISTRATION.

Office Use Only: Date Received: _____ Fee Paid: _____

Immunization form _____ Class Assigned To _____

2024-2025
Sunnyside Baptist Church
Mom's Day Out Program Registration

Child's Full Name _____

Male _____ Female _____ Preferred Name _____

Date of Birth _____ Age (as of 8/15/2024) _____

PARENT/GUARDIAN CONTACT INFORMATION:

Mother's Name _____ Father's Name _____

Home _____ Home _____

Address: _____ Address: _____

City _____ Zip _____ City _____ Zip _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Home Church: _____ Home Church: _____

Employer: _____ Employer: _____

Employer Address: _____ Employer Address: _____

Work Phone: _____ Work Phone: _____

Work Hours: _____ Work Hours: _____

Transportation Plan: Persons (other than parents) to whom your child may be released and are authorized to provide transportation for your child

Name/Relationship _____

Cell _____

Name/Relationship _____

Cell _____

Parent Signature _____

Date _____

**2024-2025
Emergency Information**

Emergency Contact: (authorized to act on parent's behalf if parents are unreachable in an emergency)

Name/Relationship _____
Phone _____ Work _____
Address _____ City _____
Zip _____

Medical Information: (Please fill in completely)

Child's Physician:

Name _____
Phone _____
Address _____ City _____
Medical Concerns/conditions _____
Current Medications _____

Child's Dentist:

Name _____
Phone _____
Address _____ City _____

Allergies _____
Treatment Required _____

For life-threatening allergies, we must have care instructions from the physician on file.

Consent and Authorization for Medical Treatment 2024-2025
I hereby give my consent to Sunnyside Baptist Church Mother's Day Out Program to act on my behalf in a medical emergency. I understand that every reasonable effort will be made to notify me. If I am unreachable, the emergency contact person noted on my child's registration form will be contacted.

Preferred Hospital: _____

Parent Name (please print): _____

Parent Signature _____

Date _____

Child's Name _____

2024-2025
Getting To Know Your Child

Eating Habits

1. At what time does your child eat:
Breakfast _____ Lunch _____
2. Does your child feed him/herself? Yes _____ No _____
3. Food Favorites: _____
4. Food Allergies: _____
5. Dietary restrictions: _____

Sleep Habits

1. Morning Nap? Yes _____ No _____
2. Naps from: _____ to _____
3. Special blanket, lovie, etc. _____

Toilet Habits

1. Does your child tell you when they need to go?
Yes _____ No _____
2. Typical Time of bowel movement: _____
3. Are they able to wipe by themselves or need assistance?

4. Wear a pull-up/diaper? (if potty training) _____

Speech and Physical Development

1. My child talks: Well _____ Fairly Well _____ Not Very Well _____
Not at All _____
2. Crawling? Yes _____ No _____
3. Walking? Yes _____ No _____
4. Any concerns about speech or physical development?
If yes, what are your concerns? _____

Social Development

1. How would you describe your child? Outgoing _____
Shy _____ Quiet _____ Talkative _____ Active _____ Happy _____
Grumpy _____
2. Is your child around other children on a regular basis?
Yes _____ No _____
4. Do you have any concerns about their social development?
If yes, what are your concerns? _____

Any other information about child that would help us in caring for them?

Mom's Day Out Baby Class

Schedule/Routine

2024-2025

Since we will be taking care of your precious little at MDO, we ask that you please fill out this questionnaire to help us in offering the best care for your precious little one!

Child's Name _____

- Will your baby have had breakfast before arriving?
- What time does he/she have his/her bottle. Is it breast milk _____ or formula _____?
- What time does he/she usually have a morning nap and how long do they sleep?
- What time do they snack _____ lunch _____
- Is there a routine for putting them down for a nap? Special lovey, etc?
- Favorite things to play with?
- Is there anything else we need to be aware of?