

Early Drop Off: YES NO

Mother's Day Out 2024-2025 Registration

First Woodway Baptist Church

Child's Name: _____ Male/Female Date of Birth: _____

Address: _____ City: _____ Zip: _____

Mom Cell: _____ Dad Cell: _____ Home Phone: _____

Mother/Guardian: _____ Member of what church: _____

Place of Employment: _____ Work phone: _____

E-mail: _____

Father/Guardian: _____ Member of what church: _____

Place of Employment: _____ Work phone: _____

E-mail: _____

Person who would assume responsibility for child in an emergency when we are unable to contact parents:

Name: _____ Phone: _____ Cell: _____

Relationship to child: _____

In addition to those listed above, I hereby authorize FWBC to allow my child to leave FWBC with the following persons. Please list names and telephone numbers for each. Children will only be released to a parent or a person designated by the parent/guardian after verification with a picture ID.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Food Allergies and Helpful Information

Please note below any information you feel would be helpful to us in caring for and teaching your child.

Allergies (food and other): _____

Sleep and Nap Habits: _____

Special Needs Information: _____

Fears: _____

Behavior Habits: _____

Favorite Play Activities: _____

Favorite Game or Toy: _____

Consent to Emergency Treatment

Child's Name: _____

I do hereby declare, constitute, and appoint the Mother's Day Out/Summershine Director and/or Teacher of First Woodway Baptist Church, Woodway, Texas, to have the right and authority to act in my name, place and stead to consent to emergency medical and surgical treatment, to protect the health and physical well-being of my above-named child during my absence when said child is in their care, including transportation to my preferred Emergency Medical Care Facility.

I agree to pay for all emergency medical treatment for said child and to hold harmless First Woodway Baptist Church, Woodway, Texas, from all liability and expenses for such emergency treatment.

Parent or Guardian:

Printed Name _____

Signature: _____ Date: _____

Medical Information

Family Doctor _____ Phone: _____

Preferred Emergency Medical Care Facility: _____ Phone: _____

List any special problems that your child may have such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long term continuous use, and any other information which caregivers should be aware of:



I have received a copy and read First Woodway Baptist Church's Mother's Day Out policies.

Date: _____

Child's Name: _____

Parent's Signature: _____