

Early Drop Off: YES NO

# Summershine 2024 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 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:

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

**Date:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_