

# St. Barnabas Episcopal Church Mom's Morning Off Program

## FALL 2024 – SPRING 2025 STUDENT REGISTRATION FORM

STUDENT NAME(S)	DOB	GENDER	ALLERGIES
_____	_____	_____	_____

Extended Day Options is available on a limited, first come, first served basis. This option is \$5 per day for each and requires a full session commitment. Please circle your preference.

**EARLY BIRD**      Yes      No      **AFTER GLOW**      Yes      No

Child Lives with \_\_\_ Parents, \_\_\_ Mother, \_\_\_ Father, \_\_\_ Grandparents, \_\_\_ Other.

Name and ages of siblings (other than MMO students) \_\_\_\_\_

PARENT NAMES	DRIVER'S LICENSE #
#1 _____	_____
#2 _____	_____

(This information is used **ONLY** to verify identification when releasing a child.)

Home Address \_\_\_\_\_

Cell Phone #1 \_\_\_\_\_ Cell Phone #2 \_\_\_\_\_

Email #1 \_\_\_\_\_ Email #2 \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phones \_\_\_\_\_

Occupation #1 \_\_\_\_\_ Occupation #2 \_\_\_\_\_

*I understand that all communications, notices, weather related closures, etc. will be shared through the Procure Mobile App. I give consent to teachers and the director to share photos of my child and other related information to me through the app. Message and data rates may apply. Photos may also be utilized for classroom craft projects.*

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

*Please list at least one local person who will be available to assume responsibility for your child(ren) in an emergency if a parent cannot be contacted.*

**Children may be released only to adults included on the enrollment form. Alternate adults must present a photo ID before a child is released to them if it is their first time picking up.**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

\_\_\_\_\_ is **NOT** allowed to pick up my child(ren).

I give consent for my child's name, address, phone number and parent's email addresses to be included in a Program Directory. Please circle your preference.

Yes                      No                      *Parent's initials* \_\_\_\_\_

*I give consent for my child(ren) to be released by the Mom's Morning Off Program staff to the adults listed on this form as well as additional adults associated with optional MMO activities. I give consent for my child(ren) to participate in daily neighborhood walks with teachers following strict safety policies.*

*Parent/Guardian signature* \_\_\_\_\_ *Date* \_\_\_\_\_

I am aware that the following items may be used on my child(ren), as needed, in accordance with age-appropriateness:

- Anti-bacterial Soap                      • Benadryl Ointment                      • Desitin
- Baby Wipes                                      • Off Brand Bug Spray                      • Vaseline

**EMERGENCY MEDICAL CARE**

If I cannot be reached to make arrangements for emergency medical attention, I authorize the MMO staff to take my child(ren) to the hospital emergency room or to the following physician or his/her associates, for medical care.

Dr. \_\_\_\_\_ Hospital \_\_\_\_\_

Address \_\_\_\_\_ Dr. Phone \_\_\_\_\_

Special Instructions \_\_\_\_\_

I consent to all treatment deemed necessary by the attending physician.

*Parent/Guardian signature* \_\_\_\_\_ *Date* \_\_\_\_\_

**Placement in the program is not guaranteed until we have received ALL the following:**

- Fully completed, two-sided enrollment form                      • Non-refundable enrollment fee

**A current immunization record is requested to be uploaded to the Procare Mobile App after placement in the program.**

Who may we thank for referring you to our program? \_\_\_\_\_

Would you like to be contacted by St. Barnabas staff regarding church membership? \_\_\_\_\_ Yes \_\_\_\_\_ No

**OFFICE USE ONLY**

#1 AGE AS OF 09/01/2024 \_\_\_\_\_ CLASS: \_\_\_\_\_ FORMS: \_\_\_\_\_ FEES: \_\_\_\_\_

#2 AGE AS OF 09/01/2024 \_\_\_\_\_ CLASS: \_\_\_\_\_ FORMS: \_\_\_\_\_ FEES: \_\_\_\_\_