

Saint Barnabas Episcopal Church Mom's Morning Off Program

Fall 2023- Spring 2024 Student Registration

Child #1 Name _____ DOB _____ Gender ____ Allergies _____

Child #2 Name _____ DOB _____ Gender ____ Allergies _____

Child #3 Name _____ DOB _____ Gender ____ Allergies _____

Extended Day Options: Early Bird ____yes ____no After Glow ____ yes ____ no (additional \$5 fee per day for each option/full session commitment required). *Availability is limited.*

Child lives with ____Parents ____Mother ____Father ____Grandparents ____Other

Names and Ages of Siblings other than MMO students: _____

Parents' Names _____

Driver's Licenses _____

(This information is used ONLY to verify identification of an unfamiliar person when releasing a child.)

Home Address _____

Cell Phones and Email addresses (Parent 1) _____

(Parent 2) _____

Home Phone _____ Work Phones _____

Occupations _____

I understand that all communication, notices, weather related closures, etc. will be shared through the Procure Application. I give consent for teachers and director to share photos of my child and other related information to me through the application. Message and data rates may apply.

Signature of Parent / Guardian _____ *Date* _____

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

Children may be released only to adults included on the enrollment form. Alternate adults will be required to present a photo ID before the child is released to them if it is their first time to pick up the child(ren).

1) Name _____ Phone _____
Relationship to Child _____

2) Name _____ Phone _____
Relationship to Child _____

3) Name _____ Phone _____
Relationship to Child _____

_____ is **NOT** allowed to pick up my child/children.

I give consent for my child(ren) _____, to be released by the Saint Barnabas Episcopal Church 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. I authorize the M.M.O. staff to use photos of my child(ren) in public display or other media forms for advertisement purposes or for promotion of the program. Photos may also be utilized for classroom craft projects.

Signature of Parent / Guardian _____ *Date* _____

I give consent for my child's name, address, phone number and parents' email address to be included in a Program Directory. Yes _____ No _____ Parent(s) initials _____

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

- Anti-bacterial Soap
- Baby Wipes
- Benadryl ointment
- Off Bug Spray
- Desitin
- Vaseline

Emergency Medical Care

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the Saint Barnabas Episcopal Church Mom's Morning Off staff to take my child(ren) to a Hospital Emergency Room or to the following physician or his / her associates, for medical care:

Dr. _____ Hospital _____
Address _____ Phone _____
Special Instructions _____

I give consent for any and all treatment deemed necessary by the attending physician.

Signature of Parent / Guardian _____ *Date* _____

A current immunization record is requested to be uploaded to Procure after Placement in Program.

Placement in the MMO Program is not guaranteed until we have received ALL of the following:

- Fully completed, two-sided enrollment form
- Enrollment fee (fees are non-refundable)

Who may we thank for referring you to our program? _____

Would you like to be contacted by a St. Barnabas staff member regarding church membership?
_____Yes _____No

Office Use ONLY:

#1 AGE AS OF 09/01/2023: _____ CLASS: _____ FORMS: _____ FEES: _____
#2 AGE AS OF 09/01/2023: _____ CLASS: _____ FORMS: _____ FEES: _____
#3 AGE AS OF 09/01/2023: _____ CLASS: _____ FORMS: _____ FEES: _____