

Black Oak Heights Baptist Church

Mother's Day Out

2018 – 2019

Pick 1 or 2 Days to attend

Monday _____ Tuesday _____ Wednesday _____ Thursday _____

CHILD INFORMATION

First Name _____ Last Name _____

Address _____

City _____ Zip _____ Home Phone _____ - _____

E-Mail _____

Birthday _____ / _____ / _____ Siblings/Ages _____

Allergies/Medical Concerns: _____

Mother's Name _____ Cell _____ - _____ - _____

Place of Employment _____ Phone _____ - _____ - _____

Father's Name _____ Cell _____ - _____ - _____

Place of Employment _____ Phone _____ - _____ - _____

For your child's safety, please list persons other than parents, to whom the child may be released:

Name Relationship Home Work Cell

Name	Relationship	Home	Work	Cell

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Permission Slip

I/We _____, do hereby give my/our
permission for _____, my/our child
to be treated in an emergency situation by Children's Hospital and
or Knox County Ambulance Service. I/We understand that in case of an
emergency, I/We will be contacted as soon as possible.

Parent or Guardian

Date

Parent or Guardian

Date

Insurance Information

Name of Insurance Company _____

Policy Number _____ Group Number _____

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Parent Acknowledgment

2018 -2019

I/We have read the Parent Handbook of BOHBC Mother's Day Out and agree to all terms and conditions listed within its contents.

***I understand that this program/facility is exempt and not required to be licensed by the State of Tennessee as a child care agency.**

Parent's Signature _____ Date _____

_____ **Date _____**