

# CHILD INFORMATION SHEET

## Black Oak Heights Baptist Church Mother's Day Out (Mondays & Fridays)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

	Name	Place of Employment	Home Phone	Cell Phone
Mother				
Father				

Child's Birthday: \_\_\_\_\_

Siblings (& ages): \_\_\_\_\_

\_\_\_\_\_

Allergies /Medical Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you a member of a Church?  Yes  No  
\_\_\_\_\_ or \_\_\_\_\_

If so, what church? \_\_\_\_\_

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

Name/Relationship	Home Phone	Work Phone	Cell Phone

## PERMISSION SLIP

### Black Oak Heights Baptist Church Mother's Day Out

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 \_\_\_\_\_

I 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 is exempt and not required to be licensed by the State of Tennessee as a childcare agency.

Parent's signature\_\_\_\_\_

Date\_\_\_\_\_