

# Black Oak Heights Baptist Church

Enroll date \_\_\_\_\_

## Mother's Day Out

### 2019 – 2020

### 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

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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.

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Parent or Guardian

Date

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Parent or Guardian

Date

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### Insurance Information

Name of Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

# **Black Oak Heights Baptist Church**

## **Mother's Day Out**

### **Parent Acknowledgment**

**2019 -2020**

**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 \_\_\_\_\_**