

Hutto Baptist Church
Parent's Day Out Registration Form
School Year 2011 – 2012

Child's Name: _____ Nickname: _____

Date of Birth: ___ / ___ / ___ Age as of September 1, 2011: _____ Sex: M / F

Address: _____

Child lives with: _____

Are parents: Married Divorced Separated Single

If divorced, a copy of the Divorce Decree noting guardianship, days of visitation, etc MUST be turned in before the start of school.

Father's Name: _____

Address (if different than child's): _____

Driver's License Number: _____ State: _____

Occupation: _____ Employer: _____

Work Phone: _____ Cell Phone: _____

E-mail: _____

Mother's Name: _____

Address (if different than child's): _____

Driver's License Number: _____ State: _____

Occupation: _____ Employer: _____

Work Phone: _____ Cell Phone: _____

E-mail: _____

Family's religious preference: _____

Which church do you attend? _____

How did you hear about our program? _____

MEDICAL HISTORY

Has your child ever had a serious illness, surgery or hospital stay? If so, please describe: _____

Is your child taking regular medication? If so, please list medications: _____

Please list any allergies your child has: _____

Any other medical info staff should be aware of? _____

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SLEEPING, EATING HABITS & DAILY HABITS

Does your child nap daily? If yes, for how long? _____

Does your child have any dietary restrictions? _____

What are your child's eating habits? _____

Are bowel and bladder functions regular and under control? _____

BEHAVIOR PATTERNS

Do you consider your child: Easy to Manage or Hard to Manage

Are there any behavioral issues we should be aware of? _____

GENERAL

What are your child's favorite toys? _____

What are your child's favorite activities? _____

Would you like to share anything else with us about your child's personality, interactions, etc that would be helpful during our time with them? _____

What expectations do you have for your child while he/she is enrolled in this program? _____

PERSONS AUTHORIZED TO PICK-UP CHILD

I hereby authorize HBC Parents Day Out to allow my child to leave with the following persons in addition to the person listed above.

Name: _____

Relationship to child: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Driver's License Number: _____

Name: _____

Relationship to child: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Driver's License Number: _____

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EMERGENCY CONTACT

Please list one local person to call in case of an emergency if parents/guardian cannot be reached.

Name: _____

Relationship to child: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Driver's License Number: _____

DOCTOR'S INFO

In the event you cannot be reached to make arrangements for emergency medical attention, I authorize the person in charge of HBC Parents Day Out to take my child to:

Doctor's Name: _____

Doctor's Address (please include city/state/zip): _____

Doctor's Phone: _____

Hospital: _____

CONSENT

Do you give HBC Parents Day Out permission to be included in photographs connected to Parent's Day Out and possibly including a CD or on our website? _____ Yes _____ No

Do you give HBC Parent's Day Out permission to secure any and all necessary emergency medical care for your child? _____ Yes _____ No

Parent's Signature: _____

Today's Date: _____