



Southern Acres Christian Church  
**Parents Day Out**  
Enrollment Application  
2010-2011

**I AM INTERESTED CLASS ON (CIRCLE ONE):**

Tuesday Only      Thursday Only      Tuesday and Thursday

**CHILD INFORMATION**

Child's Name \_\_\_\_\_

Birth date \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Allergies/Special Needs \_\_\_\_\_

Church Home \_\_\_\_\_

Child Lives With \_\_\_\_\_

How you heard about Parents Day Out \_\_\_\_\_

**PARENT INFORMATION**

Mother's Name \_\_\_\_\_

Address (if different from Child) \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Address (if different from child) \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION** (In the case that Parent's cannot be contacted)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**CHILD RELEASE INFORMATION** (Child will be released only to parent's, emergency contacts and the following persons listed)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## MEDICAL RELEASE FORM

Child's physician/pediatrician \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

### Insurance Company covering child

Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

I hereby give my consent to the nearest hospital to administer necessary treatment to my child, \_\_\_\_\_, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if the situation warrants it.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_