

Mother's Morning Out Registration Form
St. Columba 2700 West Main Street
Dothan, Alabama
(334) 792-3065

Registration Information

Child's Full Name _____ Child goes by _____
Address _____ Sex _____ Date of Birth _____
City _____ State _____ Home Phone # _____

Family Information

Mother's Information

Father's Information

Full Name: _____

Full Name: _____

Address: _____

Address: _____

Cell # _____

Cell # _____

E-Mail Address: _____

E-Mail Address: _____

Member of St. Columba? Yes/No

Member of St. Columba Yes/No

Emergency Contacts

In case of emergency, we will attempt first to reach the child's mother and/or father. List two additional people for us to contact if necessary.

Name: _____ Phone # _____

Name: _____ Phone # _____

Medical Information

Does Your Child Have Any Allergies? _____

Permissions/Understandings

In the event I cannot be reached and my child needs emergency treatment, I authorize an attending physician at the nearest emergency facility to administer treatment. I agree to assume all financial responsibility and waive any and all claims against St. Columba Catholic Church, its employees and its appointed leaders.

Photo Release

The St. Columba MMO Program requests permission to photograph or video your child during his or her time here. Photos and/or videos may be used for promotional materials for MMO and the St. Columba website. By signing you grant us permission to photograph or video your child.

Parent's Signature _____ Date: _____

****PLEASE PROVIDE OF COPY OF BLUE SLIP IMMUNIZATION.***