

Mother's Morning Out

St. Columba Catholic Church
2700 West Main Street
Dothan, Al 36301
334-793-5802 334-699-6526

2018-2019 Registration Information

Child's Full Name: _____ Name Preferred: _____

Address: _____ Date of

Birth: _____ Current

Age: _____

Boy or Girl

(circle)

Days Preferred: Monday/Tuesday/Thursday

(\$140/month) Tuesday/Thursday (\$110/month) _

FAMILY INFORMATION

Mother's Information

Father's Information

Full Name: _____

Full Name: _____

Address: _____

Address: _____

Cell #: _____

Cell #: _____

Email: _____

Email: _____

Member of St. Columba? Yes/No

Member of St. Columba? Yes/No

Church Membership: _____ Church Membership: _____

GUARDIANSHIP: _____

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#: _____

Name: _____

Phone#: _____

Name: _____

Phone#: _____

Persons allowed to pick up child from St. Columba Mother's Morning Out:

Name: _____

Relationship: _____

Name: _____

Relationship: _____

We MUST have verbal or written permission from Parent/Guardian prior to releasing your child to any party. Photo Identification is required before a child is released to anyone other than the guardian.

Person(s) NOT allowed to pick up child from St. Columba Mother's Morning Out:

Name _____ Relationship _____

MEDICAL INFORMATION

Does your child have any allergies? _____

If yes, explain: _____

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.

Parent's Signature: _____ Date: _____

Photo Release

The St. Columba Mother's Morning Out 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 the Mother's Morning Out Program and the St. Columba Catholic Church website. By signing you grant us permission to photograph or video your child.

Parent's Signature: _____ Date: _____

****PLEASE PROVIDE A COPY OF YOUR CHILD'S BLUE SLIP IMMUNIZATION. AN UPDATED COPY MUST BE PROVIDED EACH TIME YOUR CHILD RECEIVES IMMUNIZATIONS***