

## Markham Street Baptist Church Mothers' Day Out Preschool

9701 West Markham Street ~ Little Rock, Arkansas 72205 Phone: 501.225.3364 ~ www.msbclr.org

## **Student Registration and Information**

Start Date:			Tuesday	Thursday	Both
Child's Name:			Birthdate:		
Mother's Name:			Cell phone	:	_
Father's Name:			Cell phone	:	_
E-mail address:					
Address:					
City:			Zip:	· · · · · · · · · · · · · · · · · · ·	
Primary Phone:					
Secondary Phone:					
Emergency Contact and relationship to child:			Phone:		
Please list those who may p (Please advise those picki and address on this regist	ng up your child to bring p	bhoto ID with them. Na	me and addi	ress on ID MUST	match name
Name		Street Address		Relationship to ch	ild
Please list known allergies h	nere:				
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Special information or instructions:

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How did you hear about our program?		
** If you are a member of a local church, please list it h	ere:	
** Are you actively involved at this church? Ye	es N	o **(Response optional)
MEDICAL INFORMATION		
Local Pediatrician:	Cli	nic:
Hospital preferred:		Phone:
Is medication taken regularly? If so, please list them h		
Has your child had chicken pox?Yes No Has your child had the chicken pox vaccine? Yes	No	
I hereby give or do not give the directo or Benadryl to my child. I understand that I will be noti		
		Parent's initials
Medical Release Waiver:		
I,(name), (child's name) do he		
Street Baptist Church Mothers' Day Out program, or he		
cal or surgical aid as may be deemed necessary and e	xpedient by a duly licensed or	recognized physician or surgeon
in case of an emergency when the parents cannot be r	eached. Consent is also give	n for the Director or her appointed
representative to transport the child (or have the child	ransported by ambulance) for	emergency medical treatment if
the parents cannot be reached. I further waive all clair	ns I might have against Markh	am Street Baptist Church Moth-
ers' Day Out and its representatives as a result of injur	y during any Mothers' Day Ou	t activity.