

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

Parent: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent: \_\_\_\_\_ Phone: \_\_\_\_\_

The following persons are authorized to pick up my child in an emergency when I am unable to be reached or unable to pick up my child.

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

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_  
Parent (print name)

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

### Handbook Agreement

I have received and read the Stonegate Fellowship Mother's Day Out Parent Handbook, and I agree to follow the procedures and guidelines as stated in the Parent Handbook.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Emergency Care Permission Form

6000 Wadley | Midland, TX 79707 | 432-698-1837

\*\*Please know we do not anticipate any such accidents occurring. This is a precautionary step to avoid delay in treatment if you cannot be reached. We make your child's care, welfare, and safety our top priority.

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

Child's physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Insurance company name: \_\_\_\_\_

Policy/Group/ID number(s): \_\_\_\_\_

Any special health problems or allergies (food or medicine): \_\_\_\_\_

\_\_\_\_\_

Any activity restrictions: \_\_\_\_\_

In the event of illness of or injury to my child named above while he/she is participating in MDO at Stonegate Fellowship, I hereby give consent and permission to those in charge of Stonegate Fellowship Mother's Day Out program to administer first aid to my child as deemed advisable by them. In the event that I am not available for consultation, I further consent to my child being transported to the closest medical facility equipped to handle an emergency and to the emergency treatment of this child by doctors or hospital staff. I accept financial responsibility for such treatment authorized by Stonegate Fellowship staff.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# REGISTRATION FORM

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Name of Child: \_\_\_\_\_

Child's Gender: (circle) Male Female Potty-trained? \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age as of 09-01-19 \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone #: \_\_\_\_\_

Father's E-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mother's E-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Siblings attending: \_\_\_\_\_

NOTE: Please understand that classes are filled on a first come, first served basis. To ensure a spot for the fall, please attach your check in the amount of \$50.00 for the Registration Fee (non-refundable.)