



# Child Information Sheet

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

Child's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Brothers/Sisters and ages: \_\_\_\_\_

Previous school/programs attended: \_\_\_\_\_

Areas of interest (ex. art, building, etc.): \_\_\_\_\_

Pets: \_\_\_\_\_

Favorite color(s): \_\_\_\_\_

Favorite activity: \_\_\_\_\_

Favorite character: \_\_\_\_\_

Favorite person: \_\_\_\_\_

Favorite toy: \_\_\_\_\_

### My child:

Likes to read stories and be read to: **yes no**

Likes to play alone: **yes no**

Likes to play in a group: **yes no**

Gets along well with others: **yes no**

Follows directions: **yes no**

Enjoys new experiences: **yes no**

Has anxieties towards new experiences: **yes no**

Likes to be home with family: **yes no**

Is at his/her best in the: **morning afternoon**

Is: **strong-willed easy-going gets upset easily**

**logical generally happy has a hard time with transitions**

My child is potty-trained: **yes no working on it** (must be potty-trained to be in 3's and 4's.)

What would you like me to know about your child? \_\_\_\_\_

What is one goal you have for your child for this year? \_\_\_\_\_



# Pickup Form

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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

### Agreements

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: \_\_\_\_\_

I give SG permission to photograph and record my child and post it on social media pages and webpage.

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



# Emergency Care Permission Form

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\*\*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: \_\_\_\_\_ DOB \_\_\_\_\_

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 09-01-21 \_\_\_\_\_

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.)