



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 09-01-22 _____

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: We do not accept teacher or student requests. Your child will be placed in a classroom that will best fit his/her needs.