

Mother's Morning Out
Registration Form 2020-2021

Child's Name: _____ **Child's date of birth:** _____

Address: _____

Mother's Name: _____

Home phone: _____ **Work number:** _____

Cell phone: _____

Email address: _____

Father's Name: _____

Home phone: _____ **Work number:** _____

Cell phone: _____

Email address: _____

Who, other than a parent, is allowed to pick-up your child? (Photo ID required for pick-up)

Name(s): _____

EMERGENCY CONTACT (Photo ID required for pick-up)

Name: _____

Relationship: _____ **Phone number:** _____

Name: _____

Relationship: _____ **Phone number:** _____

Medical Treatment Release

In case of an emergency, I give permission for the Mother's Morning Out Coordinator to seek the appropriate medical care for my child. I will be contacted immediately and notified of any decision.

Signature of Parent/Guardian

Date

Child's name: _____

Child's Insurance Information: _____

Child's doctor: _____

Doctor's phone number: _____

Does your child have any **allergies, medical conditions, or special needs?** YES NO

If YES, please explain:

Photograph Release

Trinity Christian Fellowship likes to take photographs of our various ministries. These pictures may appear in publications like the newsletter, brochures, our website, our Facebook account, our Instagram, and news articles. Please sign below if you agree to allow us to use you and/or your child's photograph, OTHERWISE OPT OUT Check Here

Signature of Parent/Guardian

Date

Liability Release

I release the Mother's Morning Out Director, assistant, helpers, and Trinity Christian Fellowship from any and all liability related to this group.

Signature of Parent/Guardian

Date

TRINITY CHRISTIAN FELLOWSHIP
425 Magnolia Drive
Pinehurst, NC 28374
(910) 215-5775 www.TrinityCF.net

Trinity Christian Fellowship Permission Form

Mother's Morning Out Program

I, _____ give my permission for my child, _____
Print Name

to be taken for walks in the Bye-Bye Buggies while in the care of the Mother's Morning Out Program employees during the 2020-2021 school year. I do release the Mother's Morning Out Program and Trinity Christian Fellowship, Pinehurst North Carolina, and its agents, from liability for injury or accident, and do give my permission to the Mother's Morning Our Program and/or church staff and employees to secure medical attention should the need arise.

Signature of Parent/Guardian

Date