

VILLAGE PARKWAY MOTHER'S DAY OUT

3002 Village Parkway
210/680-4203

San Antonio, Texas 78251
Becky Sparrow-Director

Admission Information

Admission Date: _____
(First Day In Care)

Child' Name _____ Date of Birth _____

Name Child is Called _____ Male/Female: _____ Primary Language: _____

Child's Address _____ Zip _____

Mother's Name _____ Church Association _____

Email Address: _____

Occupation _____ Work Phone _____ Cell Phone _____

Father's Name _____ Church Association _____

Email Address: _____

Occupation _____ Work Phone _____ Cell Phone _____

Person to Call in an Emergency _____ Telephone # _____
(Other than Parents)

Relationship _____ Address _____ Zip _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the person in charge to take my child to:

Name of Physician Address Phone #

Name of Hospital Address Phone #

I give consent for this facility to secure any and all necessary emergency medical care for my child.

Signature of Parent or Legal Guardian

Date

List any special needs that your child may have, such as allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information that the staff should be aware of.

GENERAL INFORMATION

Sleep and Nap habits _____

Eating habits or difficulties _____

Is Child Toilet Trained? Yes _____ No _____ (All children in the 3's department are **required** to be potty trained **prior** to enrollment)

Are there any special needs regarding toilet training? _____

Any fears? _____

Behavior habits (biting nails, tantrums, biting, etc)? _____

Favorite toys or activities _____

Names and ages of Siblings _____

Previous experience in a group setting _____

How did you hear about MDO? _____

Note anything you feel would be helpful to us in caring for and teaching your child.

I have read and understand the policies of Village Parkway Mother's Day Out, and agree to abide by them. I am aware that the teachings of this program are based on the Village Parkway Doctrinal Statement of Faith.

I have read and understand the Discipline and Guidance policies for MDO.

I agree that I will be providing my child's lunch and snack from home. I agree that MDO is not responsible for it's nutritional value or for meeting my child's daily food needs.

I do _____ / do not _____ give permission for my child to have shared foods and or snacks on special occasions as per policies.

Signature of Parent or Guardian

Date

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PICK-UP AUTHORIZATION LIST

CHILD'S NAME: _____

PARENTS NAME: _____

Please list the persons (other than parents/guardians) who will be authorized to pick up your child from Mother's Day Out. They will not be given to anyone who is not on the list unless special arrangements are made with the Director.

1. _____

Relationship: _____ Phone # _____

2. _____

Relationship: _____ Phone # _____

3. _____

Relationship: _____ Phone # _____

4. _____

Relationship: _____ Phone # _____

5. _____

Relationship: _____ Phone # _____

PERMISSION TO USE STUDENT PICTURES

I, _____, ___ **GIVE** or ___ **DO NOT GIVE** (please indicate your choice) Village Parkway Mother's Day Out permission to photograph my child to be used for school activities (bulletin boards, class projects, cubbies, etc.). They will not be sold, published or distributed outside of MDO.

Student's Name(s)

Parent's Name

Signature

Date