



**MOM'S DAY OUT** GRACE POINT CHURCH  
OF NORTHWEST ARKANSAS

## Mom's Day Out Registration

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Child Information

Name of Child \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_/\_\_\_\_

### Family Information

Parents are:  Married  Separated  Divorced  Unmarried

**Father's Name** \_\_\_\_\_

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

Home Phone \_\_\_\_/\_\_\_\_ Business \_\_\_\_/\_\_\_\_ Cellular \_\_\_\_/\_\_\_\_

Driver's license # & state where issued \_\_\_\_\_

E-mail Address \_\_\_\_\_

Name of Employer \_\_\_\_\_

**Mom's Name** \_\_\_\_\_

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

Home Phone \_\_\_\_/\_\_\_\_ Business \_\_\_\_/\_\_\_\_ Cellular \_\_\_\_/\_\_\_\_

Driver's license # & state where issued \_\_\_\_\_

E-mail Address \_\_\_\_\_

Name of Employer \_\_\_\_\_

### Other Children in the family:

Name \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Church Affiliation (if any)

Church to which Father belongs:

Is Father a Christian?  Yes  No

Church to which Mother belongs:

Is Mother a Christian?  Yes  No

**Medical Information** (to be completed by parent/guardian)

Existing Illness: \_\_\_\_\_

Previous Serious Illness and injuries: \_\_\_\_\_

Medication Prescribed for Long Term Use: \_\_\_\_\_

Disabilities/Needs: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Medicine Allergies: \_\_\_\_\_

Environmental Allergies: \_\_\_\_\_

Doctor to call in case of an emergency: \_\_\_\_\_

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

Doctor's Phone: \_\_\_\_\_

**Parental Authorization for Medical Care**

In case medical attention is needed for my child and neither parent can be reached by phone, I authorize the Grace Point Church staff to take whatever emergency medical measures deemed necessary for the protection of my child while he/she is in their care. I understand that this authorization may include calling the physician named above, implementing his instructions, and transporting my child to a hospital or clinic without first obtaining my consent. I will not hold the staff liable for any accident or injury to the child while he/she is at the center, provided any such accident or injury is not caused by the staff's negligence or willful acts.

\_\_\_\_\_  
Signature of parent or guardian & date

**Emergency Information**

Name and number of relative or friend to contact in case of an emergency:

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

Phone \_\_\_\_/\_\_\_\_

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

Phone \_\_\_\_/\_\_\_\_

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

Phone \_\_\_\_/\_\_\_\_

**Release Information**

Other than parent/guardian listed, I hereby authorize MDO to allow my child to leave ONLY with the following persons (any changes must be made in writing to the director)

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

Phone \_\_\_\_/\_\_\_\_ Drivers License Number \_\_\_\_\_

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

Phone \_\_\_\_/\_\_\_\_ Drivers License Number \_\_\_\_\_

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

Phone \_\_\_\_/\_\_\_\_ Drivers License Number \_\_\_\_\_

\_\_\_\_\_  
Signature of parent or guardian & date

**If you have any questions please contact: Jodi Waldrup, MDO Director**

**[Jodi@gracepointchurch.net](mailto:Jodi@gracepointchurch.net) Phone: (479) 899-3656**

**Please return completed form to:**

**Grace Point Church**

1201 McCollum Rd, Bentonville, AR 72712

(479) 464-7223 Web: [www.GracePointChurch.net](http://www.GracePointChurch.net)

Office hours: Monday through Thursday, 8:30 am to 4:30 pm

**OFFICE USE: Date application received: \_\_\_\_/\_\_\_\_/\_\_\_\_**

**Received by: \_\_\_\_\_**