



Mother's Day Out

Cheverly United Methodist Church

Child Information Form

Child's Full Name _____	Male/Female _____
Nickname, if any _____	Date of Birth ____/____/____
Home Address _____	City _____ State ____ Zip ____
Mother's Name _____	
Home Phone _____ Cell Phone _____	Occupation _____
Email address _____	
Father's Name _____	
Home Phone _____ Cell Phone _____	Occupation _____
Email address _____	
Alternate Authorized Person for Pickup _____	Phone _____
Relationship _____	
Emergency Contact (if neither parent can be reached)	
1. _____ Phone _____	Relationship _____
2. _____ Phone _____	Relationship _____
Does your child have any allergies or other concerns? _____	
Child's Physician _____	Phone _____

Medical & Hygiene Treatment Agreement

In case of emergency, if the parents or child's physician are not available, the teacher has my permission to seek treatment for my child by a medical professional for any medical or surgical procedure necessary for the welfare of said child. *Further, children must be toilet-trained or in the process.* Teachers have my permission to care for my child's personal hygiene, if necessary.

I verify that all information provided here is accurate and correct. I agree with the above Medical & Hygiene Treatment Agreement policy and will abide by the policies and guidelines set forth in the Parent Handbook.

PARENT SIGNATURE _____

Date _____

For questions, please contact program director Mrs. Dorothy Tamai (301-773-1995).

Please return this completed Parent Contract, along with the Child Registration Form and \$20 non-refundable registration fee to:

Mrs. Dorothy Tamai, Program Director
2107 Kent Village Drive, Landover MD 20785