



ASBURY MOTHER'S DAY OUT
 101 Live Oak Blvd. Lafayette, La. 70503



Today's Date: _____

Registration Form for Sept. 2018-May 2019 Session

Child: _____			
_____ (Last Name)	_____ (First Name)	_____ (Middle Name)	_____ (Name Used)
Address: _____	City _____	Zip: _____	Home Phone _____
Sex: _____	Age: _____	Date of Birth: _____	
		(Month)	(Day) (Year)

Father: _____	Occupation: _____
Employer: _____	Business Phone: _____
Mobile/Cell Phone: _____	Pager/Beeper: _____
E-mail address: _____	
Mother: _____	Occupation: _____
Employer: _____	Business Phone: _____
Mobile/Cell Phone: _____	Pager/Beeper: _____
E-mail address: _____	

Emergency contact(s) (w/phone #'s): _____

Are the child's immunizations up to date? _____ (Immunization record will be required when session starts)

Church affiliation: Child _____ Mother _____ Father _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

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

_____ (Hospital) _____ (Child's Physician) _____ (Physician's Phone #)

I give consent for necessary emergency treatment: _____
 (Parent's or Legal Guardian's Signature)

A NON-REFUNDABLE Registration Fee must be included with this form for your child to be enrolled in Asbury Mother's Day Out.

Your Signature _____ Date _____