

# Mother's Day-Out Program

of Radiant Life Church of Bentonville, AR, Inc.

## Registration Form

Date applying \_\_\_\_/\_\_\_\_/\_\_\_\_

### Child Information

Name of Child \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

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

Potty trained? Yes \_\_\_\_ No \_\_\_\_

Working on it \_\_\_\_ (please provide specifics of process)

\_\_\_\_\_  
\_\_\_\_\_

### Family Information

Parents are: Married Separated Divorced Unmarried

**Mother's Name** \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

**Any restriction of parental pick up?** \_\_\_\_\_

**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(es): \_\_\_\_\_

Previous Serious Illness and/or 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: \_\_\_\_\_

Doctor's Telephone Number: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

**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 Radiant Life 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 accidents.

\_\_\_\_\_

\_\_\_\_\_

Signature of Parent/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 \_\_\_\_/\_\_\_\_ Driver's License Number \_\_\_\_\_

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

Phone \_\_\_\_/\_\_\_\_ Driver's License Number \_\_\_\_\_

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

Phone \_\_\_\_/\_\_\_\_ Driver's License Number \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Guardian

Date

**If you have any questions please contact:**

Mother's Day Out Director

Phone/Fax 479-273-5182

MDO@radiantlifechurch.com

**Please return completed form along with \$25 application fee (made payable to "RLC Mother's Day Out") to:**

Radiant Life Church

P.O. Box 337, 915 West Central, Bentonville, AR 72712

Phone/Fax (479) 273-5182

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

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