



**My Time Parent Day Out
 Registration**

FOR OFFICE USE, ONLY:

Registration Fee Paid _____
 Day Attending: W _____ Th _____
 Hours Attending: Half _____ Full _____

School year 2018 – 2019

STUDENT INFORMATION			
Child's Full Name	Child's Date of Birth	Child's Age	
Child's Home Address	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Baptismal Date	
Child lives with: Both Parents <input type="checkbox"/> Dad <input type="checkbox"/> Mom <input type="checkbox"/> Grandparents <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____			
PARENT INFORMATION			
Father's Name	Cell phone number	Home phone number	
Address (If different from child's address)	Email		
Father's Employer:			
Mother's Name	Cell phone number	Home phone number	
Address (If different from child's address)	Email		
Mother's Employer:			
Guardian's Name	Cell phone number	Home phone number	
Address (If different from child's address)	email		
Guardian's Employer:			
In addition to parents/guardians, the following may be called in an emergency and are authorized to transport the child from school. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			
Name:	Address:	Phone Number:	Relationship to child:
RELIGIOUS PREFERENCE			
Are you a member of a church? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, name of church:	Would you be interested in learning more about Peace? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Desired Days (Please check the desired days and hours)			
Wednesday	Half Day <input type="checkbox"/>	Full Day <input type="checkbox"/>	Thursday Half Day <input type="checkbox"/> Full Day <input type="checkbox"/>

ALLERGY INFORMATION
Please list any allergies your child may have:
Please list any chronic condition/illness your child may have:

Signature – Parent or Legal Guardian Date

My Time Parent Day Out Registration

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

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

Name of Physician:	Address:	Phone Number:
Name of Emergency Medical Care Facility:	Address:	Phone Number:

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

Signature - Parent or Legal Guardian

MEDIA WAIVER

I give permission for My Time PDO to photograph and/or record my child for use in the following ways:

- Photo prints for classroom crafts and/or projects Yes No
- Slideshows to be shown during worship and/or church events Yes No
- To be posted on the My Time private Shutterfly account Yes No

Signature – Parent or Legal Guardian

Date

WATER ACTIVITY CONSENT

I hereby give consent for my child to participate in water activities such as splashing/wading pools, water table play, etc.

Yes No

Signature – Parent or Legal Guardian

Date

MEDICAL – LIABILITY RELEASE

Every activity sponsored by MY TIME PDO is adequately supervised; however, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards in related activities. You also agree not to hold MY TIME or Peace Lutheran Church, its employees, and volunteers liable for damages, losses or injuries to the personal property undersigned. This signature is for both medical and liability Release.

Insurance Company:	Policy Number:
--------------------	----------------

Signature – Parent or Legal Guardian

Date



**My Time Parent Day Out
Registration**

FOR OFFICE USE, ONLY:

Registration Fee Paid _____
Day Attending: W _____ Th _____
Hours Attending: Half ____ Full ____



**My Time Parent Day Out
Registration**