MOM'S DAY OUT OF DERBY
REGISTRATION FORM

CHILD'S NAME_____

Date of Birth_____/_____/_____ Gender (circle one): BOY GIRL
Month Day Year

Parent/Guardian: _____
Phone: (H)_____ (W)_____(C) _____
Parent/Guardian: _____
Phone: (H)_____ (W)_____(C) _____
Email: _____
Mailing Address: _____
City and Zip Code: _____

Name of Primary Person for Pick-Up _____

EMERGENCY REFERENCE OTHER THAN PARENT/GUARDIAN

Name: _____ Relationship _____ Phone _____(H) (W) OR (C)
Name: _____ Relationship _____ Phone _____(H) (W) OR (C)
Name: _____ Relationship _____ Phone _____(H) (W) OR (C)

FOOD ALLERGIES: _____
SPECIAL NEEDS: _____

A $50.00 registration fee ($75.00 for families) will serve as a deposit to reserve your child's place in our program. This registration fee is non-refundable. Make check payable to: Mom's Day Out. No Cash Accepted.

*** * * HALF-DAY PRESCHOOL MDO STUDENTS * * ***

My child will attend Mom's Day Out in the: MORNING AFTERNOON
Name of preschool:_____

Waiver of Liability

I do hereby willingly allow my child to participate in the Children's Ministry programming (Mom's Day Out of Derby) sponsored by Woodlawn United Methodist Church (WUMC) of Derby, Kansas. I do further waive any claim of liability or damage against WUMC or Mom's Day Out, any of it's employees, or any other persons assisting in any activity for any damage or injury which may be sustained to my child's person during any activity. Further, in the event of an accident, illness, or medical emergency situation during the course of the activity involving my child, I hereby authorize the sponsors to obtain medical assistance and treatment for my child. It is also agreed that WUMC or Mom's Day Out will be repaid any medical expenses incurred on behalf of my child.

Parent/Guardian Print Name: _____ Signature: _____
Date: _____

I authorize Mom's Day Out of Derby to publish photographs of my child on the Woodlawn UMC website, the MDO Facebook page, and/or the MDO website. I understand that no identifying information will be used or shared.
Parent/Guardian Initials: _____ Date: _____