

**ST. MATTHEW LUTHERAN CHURCH MOTHER'S DAY OUT REGISTRATION FORM**  
**TUESDAY AND THURSDAY – 9:30 – 2:30 P.M.**

Date of Admission \_\_\_\_\_

Class \_\_\_\_\_

Child's Name \_\_\_\_\_ Phone \_\_\_\_\_ Subdivision \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Father's Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Brothers/Sisters (ages) \_\_\_\_\_

Church Affiliation \_\_\_\_\_

When a child is brought to M.D.O. he will be left in the presence of a staff member. Please list persons approved to pick up your child. (Child will not be released to others without your written permission.)

Name	Address	Phone	Relationship
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Name	Address	Phone	Relationship
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Please list two persons to call in an emergency if parents cannot be reached.

Name	Address	Phone	Relationship
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Name	Address	Phone	Relationship
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Please write about likes and dislikes, fears or anything else that you feel we should know such as toileting, eating or napping habits.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Director \_\_\_\_\_