



# St. Mark the Evangelist Catholic Church

## Mother's Day Out Registration Form

Please print.

### CHILD INFORMATION

Child's Full Name: \_\_\_\_\_  
Last First Middle

Name Child goes by: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male / Female Age: \_\_\_\_

### PARENT/GUARDIAN INFORMATION

Child resides with (check all that applies): Mother \_\_\_\_ Father \_\_\_\_ Guardian(s) \_\_\_\_

Custodial Parent/Legal Guardian's Names: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Phones: (mom) \_\_\_\_\_ (dad) \_\_\_\_\_

Cell Phones: (mom) \_\_\_\_\_ (dad) \_\_\_\_\_

Email Addresses: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION (IF PARENT CANNOT BE REACHED)

Emergency Contact # 1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact # 1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact # 1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

### MEDICAL INFORMATION

Does your child have any medical conditions (e.g., diabetes, epilepsy, heart conditions, etc.) \_\_\_\_ yes \_\_\_\_ no

If yes, explain (attach additional sheets as necessary): \_\_\_\_\_

Does your child have any allergies? (e.g., insects, hay fever, strawberries, peanuts, etc.) \_\_\_\_ yes \_\_\_\_ no

If yes, explain (attach additional sheets as necessary): \_\_\_\_\_

Does your child have any allergies or adverse reactions to medications? (e.g., penicillin, ibuprofen, acetaminophen, etc.) \_\_\_\_ yes \_\_\_\_ no If yes, explain (attach additional sheets as needed): \_\_\_\_\_

Does your child have any disabilities or physical or developmental limitations? \_\_\_\_ yes \_\_\_\_ no

If yes, explain (attach additional sheets as necessary): \_\_\_\_\_

Date of Child's last tetanus immunization: \_\_\_\_\_

Child's Primary Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

### INSURANCE INFORMATION

Health Plan Carrier: \_\_\_\_\_ Name of primary insured: \_\_\_\_\_

Group#: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Please provide a photocopy of both sides of your (or your child's) insurance card.**

**PERSONS HAVING PERMISSION TO PICK UP CHILD:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**IMMUNIZATION RECORDS**

A child 2 months of age or older cannot be admitted to a child care facility unless the parent presents certification from a licensed physician or authorized representative of any state or local Department of Health that such child has received or will receive immunizations at the medically appropriate time.

Immunizations are up to date? Yes \_\_\_\_\_ No \_\_\_\_\_

*A copy of the child's Immunization record is needed to be kept on file at Mother's Day Out.*

**LOST OR STOLEN ITEMS:** I hereby understand and agree that neither the Archdiocese of Oklahoma City or St. Mark the Evangelist Catholic Church nor any of their respective employees, directors, officers, agents, representatives and/or volunteers shall be held liable for any of my or my child's personal property lost or stolen during participation in the RE/Youth Program.

**WAIVER AND CONSENT TO TREATMENT:** I am the custodial parent or legal guardian of \_\_\_\_\_ (child's name). I hereby warrant that to the best of my knowledge, my child is in good health and physically able to participate in the RE/Youth Program activities and I assume all responsibility for the health and physical condition and ability of my child to so participate.

I hereby **grant** \_\_\_\_ **do not grant** \_\_\_\_\_ permission for non-prescription medication (such as non-aspirin products, i.e., acetaminophen or ibuprofen, throat lozenges, etc) to be given to my child, if deemed appropriate.

In the event of circumstances that indicate that my child is in need of immediate medical care, I authorize and give permission for my child to be transported to a hospital for evaluation and emergency medical or surgical treatment, including any necessary X-ray examination. In consideration of the arrangements set forth herein, I do on behalf of myself, my child, and our respective heirs, successors, assigns and next of kin, release, waive, hold harmless, defend and covenant **NOT TO SUE**, St. Mark the Evangelist Catholic Church, the Archbishop of the Archdiocese of Oklahoma City and the Archdiocese of Oklahoma City and each of their respective departments, directors, administrators, teachers, officers, agents, representatives, volunteers and employees from any and all actions, claims, demands or liabilities, including without limitation, those for personal injuries or property damage, that I and/or my child may suffer due to illness or injury suffered by my child as a result of this agreement, including medical treatment and any consequences that may arise as the result of this treatment, to the fullest extent permitted by law. I accept full responsibility for any medical or hospital bills associated with the care of my Child.

**LIABILITY WAIVER:** In consideration of the arrangement set forth herein, I do on behalf of myself, Child and our respective heirs, successors, assigns and next of kin, release, waive, hold harmless, defend and covenant **NOT TO SUE**, St. Mark the Evangelist Catholic Church, the Archbishop of the Archdiocese of Oklahoma City, and the Archdiocese of Oklahoma City and each of their respective departments, directors, administrators, teachers, officers, agents, representatives, volunteers and employees from any and all actions, claims, demands or liabilities, including without limitation, those for personal injuries or property damage, that I and/or my child may suffer due to illness or injury suffered by my child as a result of this agreement, to the fullest extent permitted by law.

**I HAVE READ AND UNDERSTAND THIS ON-SITE CONSENT AND WAIVER FORM AND SIGN IT VOLUNTARILY AND ENTIRELY OF MY OWN FREE WILL.**

***SIGNATURE***

Custodial Parent/Guardian Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_