

Mom's Morning Out

Registration Form 2024-2025

Child's Name _____

Age _____ DOB _____

Family email Address: _____

Parent 1 Name _____

Cell phone _____ work phone _____

Parent 2 Name _____

Cell phone _____ work phone _____

Mailing Address _____

City _____ Zip _____

What time does your child eat?

How much do they usually eat?

Is your child potty trained?

Will the child's bottle be made and in their diaper bag? (if needed)

Is it ok to serve them a snack from the nursery? Nilla wafers, animal crackers, cheese stick, and gold fish, dried or fresh fruit and water to drink... _____

Does your child have any allergies?

Has your child ever been left in a nursery before? _____

Does your child have any special words we should know?

Is there anything else you think we should know about your child?

(Please provide a copy of your child's immunization record)

Doctor's Name _____

Phone : _____

(for parents or guardians) I give permission for my child/children to participate in Children's Faith Formation/ Vacation Bible Camp/ and or Jr. Sr. High School programs for 2024-2025. In consideration of this opportunity and fully recognizing that such an undertaking involves an element of risk, I assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify and agree to hold harmless the Archdiocese of Seattle, St. John Mary Vianney Catholic Church their agents and employees and officers and their chaperones, leaders, organizers, sponsors, and persons transporting my child to and from activities. Neither the Archdiocese, the Parish, not said persons shall be held financially responsible for any injury, illness, or death incurred as a direct result of these activities. I, the undersigned, have read this release and understand all of its terms and execute it voluntarily and with full knowledge of its significance. In the event of an emergency and I cannot be reached, I do hereby authorize emergency medical treatment to be administered.

Signature _____ Date _____

Emergency contact: (in the event that parent/guardian cannot be reached)

1.Name _____

Phone: _____

2.Name _____

Phone _____

List of people who can pick up my child from Mom's morning out

Parent Signature _____ Date _____