

Grace Christian Academy Mother's Morning Out

Name of Child _____ Birth Date _____
(Last) (First) (MI) (Nickname)

Child's Physical Address _____

FAMILY INFORMATION:

Father/Guardian's Name _____ Home Phone _____
 Address (if different from child's) _____

Where Employed _____ Work Phone _____
 E-mail Address _____ Cell Phone _____

Mother/Guardian's Name _____ Home Phone _____
 Address (if different from child's) _____

Where Employed _____ Work Phone _____
 E-mail Address _____ Cell Phone _____

CONTACTS:
 Child will be released only to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.

Name	Relationship	Address	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HEALTH CARE NEEDS:

List any allergies and the symptoms and type of response required for allergic reactions. _____

List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns. _____

List any particular fears or unique behavior characteristics the child has _____

EMERGENCY MEDICAL CARE INFORMATION:

Name of Health Care Professional _____ Office Phone _____
 Hospital Preference _____ Phone _____

I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency.

(Signature of Parent/Guardian) _____
(Date)

