

StudentID _____

THOUSAND OAKS BIBLE CHURCH-Mother's Day Out Program

2024-25

FamilyID _____

Age Sep 1 _____

APPLICATION FOR ADMISSION

____ One Day ____ Mon ____ Wed ____ Two Day

Child's Name: _____ Last First Nickname: _____ Gender: _____ Birthdate _____

Child's Current Address: _____ Street City State Zip Cell or Home Phone Number: _____ (Please Mark)

Child currently lives with: _____ Mother _____ Father _____ Stepmother _____ Stepfather _____ Grandparent(s) _____ Legal Guardian (Please check all that apply)

Mother/Guardian: _____ Work Number: _____ Cell Number: _____

Father/Guardian: _____ Work Number: _____ Cell Number: _____

Email _____ Siblings/Ages: _____

Favorite Toy/Character: _____ Pets (name and type): _____

How did you hear about our program? _____

The Mother's Day Out Program is a part of the Children's Ministry of Thousand Oaks Bible Church. Our desire is to meet the spiritual needs of each child and each family enrolled in our program. In order for us to help each child on an individual basis, would you please share the following information?

- 1. Does your family currently attend a church? _____ If so, what church? _____
2. How can we pray for you and your family? _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

2024-25

I give permission for the staff of Thousand Oaks Bible Church Mother's Day Out and/or Thousand Oaks Bible Church to administer medical care as deemed necessary. I authorize the staff of Thousand Oaks Bible Church Mother's Day Out and/or Thousand Oaks Bible Church to contact the persons below and to take my child or have my child transported by emergency medical service to the nearest available hospital/clinic.

Name, Address, and Phone Number of Your Child's Physician: _____ Phone _____
Name: _____ Address: _____ Number _____

Name, Address, and Phone Number of Your Preferred Hospital: _____ Phone _____
Name: _____ Address: _____ Number _____

Persons to be contacted if parent/guardian cannot be reached in case of an emergency:
Name: _____ Address: _____ Phone: _____
Name: _____ Address: _____ Phone: _____

Parent Signature: _____ Date: _____

AUTHORIZATION FOR RELEASE OF CHILD

2024-25

Persons authorized to regularly pick up my child, _____, without prior approval from the **parent**, are listed below. (THIS LIST SHOULD INCLUDE FRIENDS, PERSONS IN CARPOOL, GRANDPARENTS, OR FAMILY MEMBERS **OTHER THAN PARENTS OR GUARDIANS** WHO MAY PICK UP THE CHILD.)

Name of Person	Telephone Number	Relationship to Child
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

The security number (final four digits of the mother's social security number) is _____.

Please read and sign below:

I understand and agree that the Thousand Oaks Bible Church-Mother's Day Out Program will require the signature of the listed person and the final four digits of the mother's social security number. I have read the policies regarding the release of children on the back of this form, understand these policies, and agree to abide by them. I also understand and agree that the Thousand Oaks Bible Church and/or the Mother's Day Out and its agent and representatives shall not be held liable for the release of my child to persons listed on this form.

Parent or Legal Guardian Signature

Date

2024-25

POLICIES FOR RELEASE OF CHILD

Thousand Oaks Bible Church Mother's Day Out will release your child only to a parent or a person named IN WRITING by the parent. Persons bringing the child or picking up the child will ensure that a staff member is aware of the child's arrival or departure by signing the Sign In/Out sheet.

In the case of divorce, it is the responsibility of the PARENT WITH LEGAL CUSTODY to provide the Mother's Day Out Program director a copy of the custody decree or agreement and instruction **IN WRITING**, regarding authorization for pickup by the other parent or family members.

Daily signature of authorized persons picking up the child **will** be required.

REGULAR PICKUP:

The parent's signature on this form gives authorization for the Thousand Oaks Bible Church Mother's Day Out program staff to release the child to the person or persons listed on the form without prior parent notification.

FOR EMERGENCY USE ONLY:

When emergency conditions require that a child be released to a person not identified on the Authorization Form for Release of Child , the Mother's Day Out program will require:

1. A phone call from the parent giving the MDO director the name and the driver's license number of the person who will be picking up the child.
2. The person who is picking up your child must provide the MDO staff with the security code (the last four digits of the mother's social security number).
3. The person picking up your child *may* be photographed by the Mother's Day Out staff and presentation of a valid driver's license will routinely be requested.

THOUSAND OAKS BIBLE CHURCH-*Mother's Day Out Program*

School Year – *2024-25*

AUTHORIZATION AND/OR RELEASE TO VIDEO AND/OR PHOTOGRAPH

I, the undersigned authorize the Mother's Day Out staff at Thousand Oaks Bible Church to video tape and/or photograph my child/ren (names listed below).

Please do not videotape and /or photograph my child/ren (names listed below) while attending Mother's Day Out at Thousand Oaks Bible Church.

Name of child or children

(Signature)

(Date)

*****Only one form per family needed*****

THOUSAND OAKS BIBLE CHURCH-*Mother's Day Out Program*

School Year – 2024-5

PARENT HANDBOOK AGREEMENT

THIS FORM MUST BE SIGNED AND RETURNED TO THE MOTHER'S DAY OUT OFFICE BEFORE YOUR CHILD ATTENDS CLASS.

I have been given a copy of and read or have read online the Parent Handbook in its entirety and fully understand and agree to the policies therein.

This agreement is a binding contract and may be terminated by either party upon notification of intention to withdraw at least two (2) weeks in advance or at any time by mutual agreement of both the Mother's Day Out program and the parent.

Please do not sign this form until you have read the Parent Handbook completely and are in agreement with the contents.

Signature of Parent or Guardian

Name of child or children

Date

*****Only one form per family needed*****

Allergy Information

Child's

Name: _____

(Please write **NKA** if there are no known allergies)

Allergy: _____

Description of allergy and how it presents itself _____

Drug or treatment to use in treatment of allergy _____

Do you want to be notified and at what point _____

Special Instructions not covered above _____

Allergy: _____

Description of allergy and how it presents itself _____

Drug or treatment to use in treatment of allergy _____

Do you want to be notified and at what point _____

Special Instructions not covered above _____

Parent signature _____ Date _____

Phone number _____