

# First Blessings Preschool

## Mom's Day Out Registration Form

2645 LaFayette Rd. Fort Oglethorpe, GA 30742

CHILD

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Sex: M / F Date of Birth: \_\_\_\_\_ Anticipated Start Date: \_\_\_\_\_

PARENT/CONTACT

Full Name of Mother: \_\_\_\_\_

Address : \_\_\_\_\_ Place of Work: \_\_\_\_\_

Cell Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Full Name of Father: \_\_\_\_\_

Address : \_\_\_\_\_ Place of Work: \_\_\_\_\_

Cell Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Custody/ Arrangements: \_\_\_\_\_

EMERGENCY

Persons other than parents authorized to pick up in case of emergency:

1. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Cell Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

3. Cell Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

FUN FACTS

Has Child been in care before? Yes ( ) No ( ) If so, where? \_\_\_\_\_

Nap Routine (If applicable) \_\_\_\_\_

Food likes/dislikes \_\_\_\_\_

Allergies: \_\_\_\_\_

Anything else we should know: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date