

COVENANT COMMUNITY CHURCH  
**MOTHER'S DAY OUT**  
APPLICATION FORM

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street City Zip

Home phone \_\_\_\_\_

Email address \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Text? \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Text? \_\_\_\_\_

Primary person(s) that will be picking up your child \_\_\_\_\_

\_\_\_\_\_ Phone number \_\_\_\_\_

Brother(s)/Sister(s) \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

In case of an emergency and we are unable to reach a parent, list a relative or neighbor that we can contact: \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Which day(s) do you want to enroll your child(ren)? Monday \_\_\_\_ or Wednesday \_\_\_\_ or Both \_\_\_\_

**IMMUNIZATION RECORD – PLEASE ATTACH A PHOTOCOPY**

Please list any allergies or health problems: \_\_\_\_\_  
\_\_\_\_\_

Permission is granted to meet the needs of my child in case of an emergency. I also understand that Covenant Community Church is not liable for any doctor or hospital charges that may occur while my child is under their care.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date