

**Fall/Spring 2025-2026  
Covenant Lutheran Mother's Day Out  
Registration Form**

Today's Date \_\_\_\_\_

Child's Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Gender \_\_\_\_\_

Registration Fee \$105 (\$100 cash/check)

\_\_\_\_ Half Day 9:00-12:00 (\$170 or \$165 cash/check)

\_\_\_\_ Full Day 9:00-2:00 (\$200 or \$195 cash/check)

Nap after lunch? \_\_\_\_\_

Parent's Information

Primary

Secondary

Full Name \_\_\_\_\_

Address (if different) \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

List 3 people other than the child's parents who will be authorized to pick up your child. A photo ID must be present at time of pick up.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:**

Name of Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

I give consent for the staff at Covenant Lutheran MDO to secure any and all necessary emergency medical care for my child.

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of Legal Guardian

On the back of this form, list any special problems that your child may have such as allergies, existing illnesses, previous serious illnesses, injuries and/or hospitalizations during the past 12 months, any medications prescribed for long term continuous use, and any other information of which the caregivers should be aware.

*To be completed by staff:*

Enrollment Date: \_\_\_\_\_ Registration Fee Paid: \_\_\_\_\_ Received Shot Records: \_\_\_\_\_