

July, 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 (\$40 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 _____

In case a parent cannot pick up the child, please list 3 emergency contacts and their phone numbers. A photo ID must be present at time of pick up. Use the back of this form if you want to add more names.

	NAME	PHONE
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. Please sign and date on the line below.

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.