



The Heights
 4512 Sherwood Way
 San Angelo, TX 76901
 325/224-8222

Mother's Day Out

Enrollment Form

Child's Name _____ Sex _____ Date of Birth _____

Home Address _____ Age _____

City _____ State _____ Zip _____ E-mail _____

Mother's Name _____ Mother's Address _____

Home Phone _____ Cell _____ Work _____

Father's Name _____ Father's Address _____

Home Phone _____ Cell _____ Work _____

EMERGENCY CONTACT PERSON: In the event that either parent cannot be contacted or cannot pick up their child, these persons can act on the parent's behalf and are authorized to pick up at The Heights. **(All information must be included.)** Children will only be released to a parent or person designated by the parent after verification of I.D.

Name	Address, City, State & Zip	Phone Number
1.		
2.		

CHECK ALL THAT APPLY:

1. _____ **Field Trips: I give consent for my child to participate in Field Trips and to be transported by MDO employees.**

2. _____ **VIDEO/PHOTO RELEASE: I give consent for photographs and/or video to be taken of my child while at Mother's Day Out.**

3. _____ **RECEIPT OF WRITTEN OPERATIONAL POLICIES: I acknowledge receipt of operational policies including those for discipline and guidance.**

4. _____ **I would like to receive emails from The Heights Church regarding upcoming family events.**

Signature of Parent: _____ Date: _____

For office use only:

Class Enrolled: _____

Date of Admission: _____

Date of Withdrawal: _____