



A campus of University Carillon United Methodist Church

2800 S. Alafaya Trail, Orlando, FL 32828
407-273-8368 www.mylifesongchurch.com
Dr. Lyndol Loyd, Pastor

Office Use:
Classroom:
Fee Paid:
Other:

MOTHERS MORNING OUT APPLICATION FOR ENROLLMENT

Child's Last Name: First Name MI Nickname Gender:
Date of Birth: Physical Address:

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Registration Period: Summer Fall Days Attending: Monday Tuesday Wednesday Thursday (circle applicable days)

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Family Information: Child Lives With:

Mother's Name: Address: Home Phone: Cell Phone: Employer: Address: Work Phone: Work Cell: Custody: Mother Father Both Other

Father's Name: Address: Home Phone: Cell Phone: Employer: Address: Work Phone: Work Cell:

Address:

Address:

Home Phone: Cell Phone:

Home Phone: Cell Phone:

Employer: Address:

Employer: Address:

Address:

Address:

Work Phone: Work Cell:

Work Phone: Work Cell:

Custody: Mother Father Both Other

Custody: Mother Father Both Other

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Medical Information:

I hereby release LifeSong Church, its staff and sponsors from responsibility and liability from any injury or illness that my child may sustain during the session in which I have enrolled my child. In the event of an emergency, I hereby authorize any staff member as an agent for me, to consent to any X-Ray examination; medical, dental or surgical diagnosis; treatment and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or any hospital. I expect that every effort will be made to contact me as soon as possible, and that these powers will only be used if attempts to contact me are unsuccessful.

Doctor: Address Phone

Dentist: Address Phone

Please list any allergies, special medical or dietary needs, or other areas of concern:

- Provide Up-To-Date Immunizations (Blue Form) and General Health Statement (Gold Form) within 30 days of Enrollment
Provide Copy of Birth Certificate

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Contacts:

Your child will only be released to the custodial parent or legal guardian and the person's listed below. The following people will also be contacted and are authorized to remove the child from the program in case of illness, accident or emergency, if for some reason the custodial parent or legal guardian cannot be reached.

Name Address Work# Home#

Name Address Work# Home#

Name Address Work# Home#

Name Address Work# Home#

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Church Affiliation: LifeSong Member/Attendee: Attend another church Do not attend

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Parent/Guardian Signature: Date:

Sworn to (or affirmed) and subscribed before me this day of , 200 , by

Signature of Notary - State of Florida:

Personally Know OR Produced Identification: