

**Christ Our Shepherd Ministries Enrollment Application**

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

**Mother's Day Out**

Name of Child: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
City St. Zip

Child's Birth Date: \_\_\_\_\_ Parent's E-mail \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Mother/Guardian: \_\_\_\_\_

(H) Phone \_\_\_\_\_ (H) Phone \_\_\_\_\_

(W) \_\_\_\_\_ (W) \_\_\_\_\_

(M) \_\_\_\_\_ (M) \_\_\_\_\_

Employment \_\_\_\_\_ Employment \_\_\_\_\_

**Emergency Care Information :**

Name of child's doctor: \_\_\_\_\_ Name of child's dentist \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy/group# \_\_\_\_\_

Hospital preference \_\_\_\_\_ Child's SS # \_\_\_\_\_

Does your child have any known allergies? \_\_\_\_\_ If yes, list allergies \_\_\_\_\_

If neither father nor mother (or guardian) can not be contacted, please call: -Use local #

Name \_\_\_\_\_ Name \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

(H) phone \_\_\_\_\_ (H) phone \_\_\_\_\_

(M) phone \_\_\_\_\_ (M) phone \_\_\_\_\_

(W) phone \_\_\_\_\_ (W) phone \_\_\_\_\_

Other than above names that are listed, please list names of persons to whom the child can be released

1 \_\_\_\_\_ 3 \_\_\_\_\_

2 \_\_\_\_\_ 4 \_\_\_\_\_

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

Signature of Parent \_\_\_\_\_ Date: \_\_\_\_\_

I as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

Signature of Director: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Day Out Program

Please identify the class you have chosen for your child:

<b>Flexible:</b> _____ <b>2 days a week maximum</b>	<b>Regular Schedule -Sept to May Program</b>
Sign up on weekly basis. Must be 18 months old by Aug. 30 to begin in Sept.	_____ Tuesday/ Thursday Classes _____ Monday/Wednesday/Friday Classes Must be 2 1/2 years old by Aug. 30 to begin in Sept.

**Family Information :**

Family Status: Married ( ) Separated ( ) Divorced ( ) Single ( ) Widowed ( )

Church your family attends: \_\_\_\_\_

Other Children living in your home:

Brother: \_\_\_\_\_ Age: \_\_\_\_\_ Sister: \_\_\_\_\_ Age: \_\_\_\_\_  
 Brother: \_\_\_\_\_ Age: \_\_\_\_\_ Sister: \_\_\_\_\_ Age: \_\_\_\_\_  
 Brother: \_\_\_\_\_ Age: \_\_\_\_\_ Sister: \_\_\_\_\_ Age: \_\_\_\_\_  
 Brother: \_\_\_\_\_ Age: \_\_\_\_\_ Sister: \_\_\_\_\_ Age: \_\_\_\_\_

Other Adults living in your home other than parents: \_\_\_\_\_

What does your child enjoy doing outside/inside? \_\_\_\_\_

Please give any information concerning your child, which will be helpful in his/her experience in-group setting (such as play, eating, sleeping habits, special fears, special likes or dislikes).

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I understand that a space will be reserved for my child -where available - as soon as application and registration fee of \$40.00 are received in the Christ Our Shepherd Office. I understand that the monthly tuition is due on the first school day of each month. I understand that a two-week notice is necessary for withdrawal.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit this completed application with the registration fee to Christ Our Shepherd Ministries by mail or in person to:  
 230 W. John Street  
 Matthews, NC 28105  
 704-845-4673  
[www.cosministries.org](http://www.cosministries.org)