

Hixson United Methodist Church
Parents Day Out Enrollment Form

Child's Full Name _____ M ____ F ____

Nickname or Preferred Name _____

Date of Birth _____ Present Age _____

Address _____

Phone Number _____ Cell Phone _____

Parents or Guardian _____

Mother Occupation _____ Business Phone _____

Father Occupation _____ Business Phone _____

Does your child have ANY allergies? _____

Please list: _____

Person to contact in emergency _____

Phone number _____

Physician _____ Phone _____

Parent Name _____

Signature _____ Date _____

Please return the form with \$35.00 registration and materials Fee to Hixson
United Methodist Church office.

Hixson United Methodist Church
Parents Day Out Emergency Contact Form

Child's Name _____ Date of Birth _____

Address _____

Home phone number _____

Email address _____

Mother's Name _____ Work number _____

Cell number _____

Father's Name _____ Work number _____

Persons other than yourself authorized to transport your child to and from school. *Any changes made to this must be done in writing to the director. Id will be required at pickup.*

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I give my consent to Hixson United Methodist Church Parents Day Out to release my child into the custody of the individuals listed above:

Parent Signature

Date