



Mother's Day Out Ministry

234 S Masonic * P O Box 188
Bellville, TX 77418 * 979-865-5976

Child's Last Name	Child's First Name	Middle Name
Address		Birthday
City, State, Zipcode	Cell Phone #	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Church Affiliation	Member <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please mark below the age bracket of your child as of **September 1, 2024**

<input type="checkbox"/> 3 months to 12 months	<input type="checkbox"/> 13 months to 17 months	<input type="checkbox"/> 18 months to 2 years
<input type="checkbox"/> 2 years to 3 years	<input type="checkbox"/> 3 years to 4 years	<input type="checkbox"/> 4 years to 5 years

Father:

Last Name:	First Name:	
Street:	City:	State & Zip:
Home Phone:	Work Phone:	Cell Phone:
E-mail:	Place of Work:	Occupation:

Mother:

Last Name:	First Name:	
Street:	City:	State & Zip:
Home Phone:	Work Phone:	Cell Phone:
E-mail:	Place of Work:	Occupation:

If divorced or separated do you have sole custody or shared custody? _____

Sibling Name:	DOB:	Sex:
Sibling Name:	DOB:	Sex:
Sibling Name:	DOB:	Sex:
Sibling Name:	DOB:	Sex:

Release Form

In the event of an emergency, and I am not able to pick up my child, I designate the following relative(s) and/or friend(s) to pick him/her up.

Name	Address	Relationship	Phone

***Please notify MDO director if someone other than you will be picking up your child.**

As the parent or legal guardian of the child listed above, I permit him/her to participate in official supervised Bellville Methodist Church Children's Ministry activity.

I knowingly release, absolve, indemnify and hold harmless Bellville Methodist Church, its members, trustees, administrative board, committees, and staff as well as counselors, organizers, workers, and all others acting on behalf of Bellville Methodist Church or its programs and activities from all claims that might result from any accident, personal injury, illness or death to the child named above.

I also understand that as a participant, my child may be photographed or videotaped during activities and these photos/videos may be used in promotional materials.

In the event I cannot be reached to make arrangements for emergency medical attention, my signature below authorizes the adult in charge to administer or authorize the administration of emergency medical treatment in case of illness or injury to my child named above, and I assume all financial liability.

Parent/Guardian signature _____ Date _____

Parent/Guardian signature _____ Date _____

*Because BMC Mother's Day Out operates only two days per week, we are not required to be licensed by the Texas Department of Child Protective Services (DCPS). However, the standards and guidelines we follow for our facilities, our curriculum and our child care providers are of the highest quality, equaling or exceeding those promulgated by the DCPS.