

# GoodNaz Mother's Day Out Registration Form

## Child Information

Date: \_\_\_\_\_

### 1st Child

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female

Child's SS # \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require: \_\_\_\_\_

Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

### 2nd Child

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female

Child's SS # \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require: \_\_\_\_\_

Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

# GoodNaz Mother's Day Out Registration Form

## Parent/Guardian Information

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Mother's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Father's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

## Emergency Contacts & Authorized Pickup Persons

**1st Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**2nd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**3rd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

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I give my permission to consult the child's physician/health resource listed above in case of an emergency, if parent cannot be reached.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

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Parent Signature \_\_\_\_\_

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Gender  Male  Female

Child's SS # \_\_\_\_\_

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Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

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First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

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# GoodNaz Mother's Day Out Registration Form

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Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Mother's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Father's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

## Emergency Contacts & Authorized Pickup Persons

**1st Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**2nd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**3rd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

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Gender  Male  Female

Child's SS # \_\_\_\_\_

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Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

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Gender  Male  Female

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Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

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Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Mother's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Father's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

## Emergency Contacts & Authorized Pickup Persons

**1st Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**2nd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**3rd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

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Name child prefers to be called: \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female

Child's SS # \_\_\_\_\_

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Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

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Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Mother's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Father's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

## Emergency Contacts & Authorized Pickup Persons

**1st Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**2nd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

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Relationship to the Child: \_\_\_\_\_

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Gender  Male  Female

Child's SS # \_\_\_\_\_

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Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

### 2nd Child

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Gender  Male  Female

Child's SS # \_\_\_\_\_

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Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

# GoodNaz Mother's Day Out Registration Form

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**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Mother's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Father's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

## Emergency Contacts & Authorized Pickup Persons

**1st Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**2nd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**3rd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

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Gender  Male  Female

Child's SS # \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require: \_\_\_\_\_

Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

### 2nd Child

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# GoodNaz Mother's Day Out Registration Form

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Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Mother's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Father's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

## Emergency Contacts & Authorized Pickup Persons

**1st Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**2nd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

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Relationship to the Child: \_\_\_\_\_

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Gender  Male  Female

Child's SS # \_\_\_\_\_

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Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

### 2nd Child

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Gender  Male  Female

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Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

# GoodNaz Mother's Day Out Registration Form

## Parent/Guardian Information

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Father's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

## Emergency Contacts & Authorized Pickup Persons

**1st Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**2nd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**3rd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

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Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

I give my permission to have my child transported by ambulance if the situation warrants. I also give my consent to the hospital my child is transported to, to administer necessary treatment to my child, \_\_\_\_\_, in the event of an emergency at which time I cannot be reached.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

# GoodNaz Mother's Day Out Registration Form

## Child Information

Date: \_\_\_\_\_

### 1st Child

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female

Child's SS # \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require: \_\_\_\_\_

Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

### 2nd Child

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female

Child's SS # \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require: \_\_\_\_\_

Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

# GoodNaz Mother's Day Out Registration Form

## Parent/Guardian Information

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Mother's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Father's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

## Emergency Contacts & Authorized Pickup Persons

**1st Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**2nd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**3rd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

# GoodNaz Mother's Day Out Registration Form

I give my permission to consult the child's physician/health resource listed above in case of an emergency, if parent cannot be reached.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

I give my permission to have my child transported by ambulance if the situation warrants. I also give my consent to the hospital my child is transported to, to administer necessary treatment to my child, \_\_\_\_\_, in the event of an emergency at which time I cannot be reached.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

# GoodNaz Mother's Day Out Registration Form

## Child Information

Date: \_\_\_\_\_

### 1st Child

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female

Child's SS # \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require: \_\_\_\_\_

Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

### 2nd Child

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female

Child's SS # \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require: \_\_\_\_\_

Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

# GoodNaz Mother's Day Out Registration Form

## Parent/Guardian Information

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Mother's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Father's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

## Emergency Contacts & Authorized Pickup Persons

**1st Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**2nd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**3rd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

# GoodNaz Mother's Day Out Registration Form

I give my permission to consult the child's physician/health resource listed above in case of an emergency, if parent cannot be reached.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

I give my permission to have my child transported by ambulance if the situation warrants. I also give my consent to the hospital my child is transported to, to administer necessary treatment to my child, \_\_\_\_\_, in the event of an emergency at which time I cannot be reached.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

# GoodNaz Mother's Day Out Registration Form

## Child Information

Date: \_\_\_\_\_

### 1st Child

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female

Child's SS # \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require: \_\_\_\_\_

Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

### 2nd Child

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female

Child's SS # \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require: \_\_\_\_\_

Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

# GoodNaz Mother's Day Out Registration Form

## Parent/Guardian Information

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Mother's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Father's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

## Emergency Contacts & Authorized Pickup Persons

**1st Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**2nd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**3rd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

# GoodNaz Mother's Day Out Registration Form

I give my permission to consult the child's physician/health resource listed above in case of an emergency, if parent cannot be reached.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

I give my permission to have my child transported by ambulance if the situation warrants. I also give my consent to the hospital my child is transported to, to administer necessary treatment to my child, \_\_\_\_\_, in the event of an emergency at which time I cannot be reached.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

# GoodNaz Mother's Day Out Registration Form

## Child Information

Date: \_\_\_\_\_

### 1st Child

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female

Child's SS # \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require: \_\_\_\_\_

Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

### 2nd Child

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female

Child's SS # \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require: \_\_\_\_\_

Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

# GoodNaz Mother's Day Out Registration Form

## Parent/Guardian Information

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Mother's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Father's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

## Emergency Contacts & Authorized Pickup Persons

**1st Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**2nd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**3rd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

# GoodNaz Mother's Day Out Registration Form

I give my permission to consult the child's physician/health resource listed above in case of an emergency, if parent cannot be reached.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

I give my permission to have my child transported by ambulance if the situation warrants. I also give my consent to the hospital my child is transported to, to administer necessary treatment to my child, \_\_\_\_\_, in the event of an emergency at which time I cannot be reached.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

# GoodNaz Mother's Day Out Registration Form

## Child Information

Date: \_\_\_\_\_

### 1st Child

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female

Child's SS # \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require: \_\_\_\_\_

Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

### 2nd Child

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female

Child's SS # \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require: \_\_\_\_\_

Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

# GoodNaz Mother's Day Out Registration Form

## Parent/Guardian Information

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Mother's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Father's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

## Emergency Contacts & Authorized Pickup Persons

**1st Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**2nd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**3rd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

# GoodNaz Mother's Day Out Registration Form

I give my permission to consult the child's physician/health resource listed above in case of an emergency, if parent cannot be reached.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

I give my permission to have my child transported by ambulance if the situation warrants. I also give my consent to the hospital my child is transported to, to administer necessary treatment to my child, \_\_\_\_\_, in the event of an emergency at which time I cannot be reached.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

# GoodNaz Mother's Day Out Registration Form

## Child Information

Date: \_\_\_\_\_

### 1st Child

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female

Child's SS # \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require: \_\_\_\_\_

Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

### 2nd Child

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female

Child's SS # \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require: \_\_\_\_\_

Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

# GoodNaz Mother's Day Out Registration Form

## Parent/Guardian Information

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Mother's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Father's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

## Emergency Contacts & Authorized Pickup Persons

**1st Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**2nd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**3rd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

# GoodNaz Mother's Day Out Registration Form

I give my permission to consult the child's physician/health resource listed above in case of an emergency, if parent cannot be reached.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

I give my permission to have my child transported by ambulance if the situation warrants. I also give my consent to the hospital my child is transported to, to administer necessary treatment to my child, \_\_\_\_\_, in the event of an emergency at which time I cannot be reached.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

# GoodNaz Mother's Day Out Registration Form

## Child Information

Date: \_\_\_\_\_

### 1st Child

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female

Child's SS # \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require: \_\_\_\_\_

Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

### 2nd Child

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female

Child's SS # \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require: \_\_\_\_\_

Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

# GoodNaz Mother's Day Out Registration Form

## Parent/Guardian Information

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Mother's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Father's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

## Emergency Contacts & Authorized Pickup Persons

**1st Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**2nd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**3rd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

# GoodNaz Mother's Day Out Registration Form

I give my permission to consult the child's physician/health resource listed above in case of an emergency, if parent cannot be reached.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

I give my permission to have my child transported by ambulance if the situation warrants. I also give my consent to the hospital my child is transported to, to administer necessary treatment to my child, \_\_\_\_\_, in the event of an emergency at which time I cannot be reached.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

# GoodNaz Mother's Day Out Registration Form

## Child Information

Date: \_\_\_\_\_

### 1st Child

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female

Child's SS # \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require: \_\_\_\_\_

Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

### 2nd Child

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female

Child's SS # \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require: \_\_\_\_\_

Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

# GoodNaz Mother's Day Out Registration Form

## Parent/Guardian Information

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Mother's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Father's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

## Emergency Contacts & Authorized Pickup Persons

**1st Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**2nd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**3rd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

# GoodNaz Mother's Day Out Registration Form

I give my permission to consult the child's physician/health resource listed above in case of an emergency, if parent cannot be reached.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

I give my permission to have my child transported by ambulance if the situation warrants. I also give my consent to the hospital my child is transported to, to administer necessary treatment to my child, \_\_\_\_\_, in the event of an emergency at which time I cannot be reached.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

# GoodNaz Mother's Day Out Registration Form

## Child Information

Date: \_\_\_\_\_

### 1st Child

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female

Child's SS # \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require: \_\_\_\_\_

Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

### 2nd Child

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female

Child's SS # \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require: \_\_\_\_\_

Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

# GoodNaz Mother's Day Out Registration Form

## Parent/Guardian Information

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Mother's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Father's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

## Emergency Contacts & Authorized Pickup Persons

**1st Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**2nd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**3rd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

# GoodNaz Mother's Day Out Registration Form

I give my permission to consult the child's physician/health resource listed above in case of an emergency, if parent cannot be reached.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

I give my permission to have my child transported by ambulance if the situation warrants. I also give my consent to the hospital my child is transported to, to administer necessary treatment to my child, \_\_\_\_\_, in the event of an emergency at which time I cannot be reached.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

# GoodNaz Mother's Day Out Registration Form

## Child Information

Date: \_\_\_\_\_

### 1st Child

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female

Child's SS # \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require: \_\_\_\_\_

Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

### 2nd Child

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female

Child's SS # \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require: \_\_\_\_\_

Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

# GoodNaz Mother's Day Out Registration Form

## Parent/Guardian Information

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Mother's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Father's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

## Emergency Contacts & Authorized Pickup Persons

**1st Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**2nd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**3rd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

# GoodNaz Mother's Day Out Registration Form

I give my permission to consult the child's physician/health resource listed above in case of an emergency, if parent cannot be reached.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

I give my permission to have my child transported by ambulance if the situation warrants. I also give my consent to the hospital my child is transported to, to administer necessary treatment to my child, \_\_\_\_\_, in the event of an emergency at which time I cannot be reached.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

# GoodNaz Mother's Day Out Registration Form

## Child Information

Date: \_\_\_\_\_

### 1st Child

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female

Child's SS # \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require: \_\_\_\_\_

Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

### 2nd Child

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female

Child's SS # \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require: \_\_\_\_\_

Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

# GoodNaz Mother's Day Out Registration Form

## Parent/Guardian Information

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Mother's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Father's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

## Emergency Contacts & Authorized Pickup Persons

**1st Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**2nd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**3rd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

# GoodNaz Mother's Day Out Registration Form

I give my permission to consult the child's physician/health resource listed above in case of an emergency, if parent cannot be reached.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

I give my permission to have my child transported by ambulance if the situation warrants. I also give my consent to the hospital my child is transported to, to administer necessary treatment to my child, \_\_\_\_\_, in the event of an emergency at which time I cannot be reached.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

# GoodNaz Mother's Day Out Registration Form

## Child Information

Date: \_\_\_\_\_

### 1st Child

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female

Child's SS # \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require: \_\_\_\_\_

Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

### 2nd Child

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female

Child's SS # \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require: \_\_\_\_\_

Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

# GoodNaz Mother's Day Out Registration Form

## Parent/Guardian Information

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Mother's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Father's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

## Emergency Contacts & Authorized Pickup Persons

**1st Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**2nd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**3rd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

# GoodNaz Mother's Day Out Registration Form

I give my permission to consult the child's physician/health resource listed above in case of an emergency, if parent cannot be reached.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

I give my permission to have my child transported by ambulance if the situation warrants. I also give my consent to the hospital my child is transported to, to administer necessary treatment to my child, \_\_\_\_\_, in the event of an emergency at which time I cannot be reached.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

# GoodNaz Mother's Day Out Registration Form

## Child Information

Date: \_\_\_\_\_

### 1st Child

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female

Child's SS # \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require: \_\_\_\_\_

Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

### 2nd Child

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female

Child's SS # \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require: \_\_\_\_\_

Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

# GoodNaz Mother's Day Out Registration Form

## Parent/Guardian Information

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Mother's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Father's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

## Emergency Contacts & Authorized Pickup Persons

**1st Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**2nd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**3rd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

# GoodNaz Mother's Day Out Registration Form

I give my permission to consult the child's physician/health resource listed above in case of an emergency, if parent cannot be reached.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

I give my permission to have my child transported by ambulance if the situation warrants. I also give my consent to the hospital my child is transported to, to administer necessary treatment to my child, \_\_\_\_\_, in the event of an emergency at which time I cannot be reached.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

# GoodNaz Mother's Day Out Registration Form

## Child Information

Date: \_\_\_\_\_

### 1st Child

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female

Child's SS # \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require: \_\_\_\_\_

Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

### 2nd Child

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female

Child's SS # \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require: \_\_\_\_\_

Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

# GoodNaz Mother's Day Out Registration Form

## Parent/Guardian Information

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Mother's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Father's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

## Emergency Contacts & Authorized Pickup Persons

**1st Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**2nd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**3rd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

# GoodNaz Mother's Day Out Registration Form

I give my permission to consult the child's physician/health resource listed above in case of an emergency, if parent cannot be reached.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

I give my permission to have my child transported by ambulance if the situation warrants. I also give my consent to the hospital my child is transported to, to administer necessary treatment to my child, \_\_\_\_\_, in the event of an emergency at which time I cannot be reached.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

# GoodNaz Mother's Day Out Registration Form

## Child Information

Date: \_\_\_\_\_

### 1st Child

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female

Child's SS # \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require: \_\_\_\_\_

Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

### 2nd Child

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female

Child's SS # \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require: \_\_\_\_\_

Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

# GoodNaz Mother's Day Out Registration Form

## Parent/Guardian Information

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Mother's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Father's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

## Emergency Contacts & Authorized Pickup Persons

**1st Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**2nd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**3rd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

# GoodNaz Mother's Day Out Registration Form

I give my permission to consult the child's physician/health resource listed above in case of an emergency, if parent cannot be reached.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

I give my permission to have my child transported by ambulance if the situation warrants. I also give my consent to the hospital my child is transported to, to administer necessary treatment to my child, \_\_\_\_\_, in the event of an emergency at which time I cannot be reached.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

# GoodNaz Mother's Day Out Registration Form

## Child Information

Date: \_\_\_\_\_

### 1st Child

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female

Child's SS # \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require: \_\_\_\_\_

Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

### 2nd Child

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female

Child's SS # \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require: \_\_\_\_\_

Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

# GoodNaz Mother's Day Out Registration Form

## Parent/Guardian Information

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Mother's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Father's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

## Emergency Contacts & Authorized Pickup Persons

**1st Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**2nd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**3rd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

# GoodNaz Mother's Day Out Registration Form

I give my permission to consult the child's physician/health resource listed above in case of an emergency, if parent cannot be reached.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

I give my permission to have my child transported by ambulance if the situation warrants. I also give my consent to the hospital my child is transported to, to administer necessary treatment to my child, \_\_\_\_\_, in the event of an emergency at which time I cannot be reached.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

# GoodNaz Mother's Day Out Registration Form

## Child Information

Date: \_\_\_\_\_

### 1st Child

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female

Child's SS # \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require: \_\_\_\_\_

Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

### 2nd Child

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female

Child's SS # \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require: \_\_\_\_\_

Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

# GoodNaz Mother's Day Out Registration Form

## Parent/Guardian Information

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Mother's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Father's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

## Emergency Contacts & Authorized Pickup Persons

**1st Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**2nd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**3rd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

# GoodNaz Mother's Day Out Registration Form

I give my permission to consult the child's physician/health resource listed above in case of an emergency, if parent cannot be reached.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

I give my permission to have my child transported by ambulance if the situation warrants. I also give my consent to the hospital my child is transported to, to administer necessary treatment to my child, \_\_\_\_\_, in the event of an emergency at which time I cannot be reached.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

# GoodNaz Mother's Day Out Registration Form

## Child Information

Date: \_\_\_\_\_

### 1st Child

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female

Child's SS # \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require: \_\_\_\_\_

Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

### 2nd Child

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female

Child's SS # \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require: \_\_\_\_\_

Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

# GoodNaz Mother's Day Out Registration Form

## Parent/Guardian Information

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Mother's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Father's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

## Emergency Contacts & Authorized Pickup Persons

**1st Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**2nd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**3rd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

# GoodNaz Mother's Day Out Registration Form

I give my permission to consult the child's physician/health resource listed above in case of an emergency, if parent cannot be reached.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

I give my permission to have my child transported by ambulance if the situation warrants. I also give my consent to the hospital my child is transported to, to administer necessary treatment to my child, \_\_\_\_\_, in the event of an emergency at which time I cannot be reached.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

# GoodNaz Mother's Day Out Registration Form

## Child Information

Date: \_\_\_\_\_

### 1st Child

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female

Child's SS # \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require: \_\_\_\_\_

Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

### 2nd Child

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female

Child's SS # \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require: \_\_\_\_\_

Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

# GoodNaz Mother's Day Out Registration Form

## Parent/Guardian Information

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Mother's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Father's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

## Emergency Contacts & Authorized Pickup Persons

**1st Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**2nd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**3rd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

# GoodNaz Mother's Day Out Registration Form

I give my permission to consult the child's physician/health resource listed above in case of an emergency, if parent cannot be reached.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

I give my permission to have my child transported by ambulance if the situation warrants. I also give my consent to the hospital my child is transported to, to administer necessary treatment to my child, \_\_\_\_\_, in the event of an emergency at which time I cannot be reached.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

# GoodNaz Mother's Day Out Registration Form

## Child Information

Date: \_\_\_\_\_

### 1st Child

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female

Child's SS # \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require: \_\_\_\_\_

Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

### 2nd Child

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female

Child's SS # \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require: \_\_\_\_\_

Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

# GoodNaz Mother's Day Out Registration Form

## Parent/Guardian Information

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Mother's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Father's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

## Emergency Contacts & Authorized Pickup Persons

**1st Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**2nd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**3rd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

# GoodNaz Mother's Day Out Registration Form

I give my permission to consult the child's physician/health resource listed above in case of an emergency, if parent cannot be reached.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

I give my permission to have my child transported by ambulance if the situation warrants. I also give my consent to the hospital my child is transported to, to administer necessary treatment to my child, \_\_\_\_\_, in the event of an emergency at which time I cannot be reached.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

# GoodNaz Mother's Day Out Registration Form

## Child Information

Date: \_\_\_\_\_

### 1st Child

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female

Child's SS # \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require: \_\_\_\_\_

Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

### 2nd Child

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female

Child's SS # \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require: \_\_\_\_\_

Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

# GoodNaz Mother's Day Out Registration Form

## Parent/Guardian Information

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Mother's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Father's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

## Emergency Contacts & Authorized Pickup Persons

**1st Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**2nd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**3rd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

# GoodNaz Mother's Day Out Registration Form

I give my permission to consult the child's physician/health resource listed above in case of an emergency, if parent cannot be reached.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

I give my permission to have my child transported by ambulance if the situation warrants. I also give my consent to the hospital my child is transported to, to administer necessary treatment to my child, \_\_\_\_\_, in the event of an emergency at which time I cannot be reached.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

# GoodNaz Mother's Day Out Registration Form

## Child Information

Date: \_\_\_\_\_

### 1st Child

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female

Child's SS # \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require: \_\_\_\_\_

Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

### 2nd Child

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female

Child's SS # \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require: \_\_\_\_\_

Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

# GoodNaz Mother's Day Out Registration Form

## Parent/Guardian Information

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Mother's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Father's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

## Emergency Contacts & Authorized Pickup Persons

**1st Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**2nd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**3rd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

# GoodNaz Mother's Day Out Registration Form

I give my permission to consult the child's physician/health resource listed above in case of an emergency, if parent cannot be reached.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

I give my permission to have my child transported by ambulance if the situation warrants. I also give my consent to the hospital my child is transported to, to administer necessary treatment to my child, \_\_\_\_\_, in the event of an emergency at which time I cannot be reached.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

# GoodNaz Mother's Day Out Registration Form

## Child Information

Date: \_\_\_\_\_

### 1st Child

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female

Child's SS # \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require: \_\_\_\_\_

Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

### 2nd Child

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female

Child's SS # \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require: \_\_\_\_\_

Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

# GoodNaz Mother's Day Out Registration Form

## Parent/Guardian Information

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Mother's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address— Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent (If married, mark both parents) Father's SS# \_\_\_\_\_

Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

## Emergency Contacts & Authorized Pickup Persons

**1st Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**2nd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**3rd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

# GoodNaz Mother's Day Out Registration Form

I give my permission to consult the child's physician/health resource listed above in case of an emergency, if parent cannot be reached.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

I give my permission to have my child transported by ambulance if the situation warrants. I also give my consent to the hospital my child is transported to, to administer necessary treatment to my child, \_\_\_\_\_, in the event of an emergency at which time I cannot be reached.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_