

Hernando United Methodist Mother's Day Out Registration

Child's Name _____ DOB _____

Address _____

Phone _____

Mother's Name _____ Work # _____

Father's Name _____ Work # _____

In case of emergency please list 2 names and numbers of people other than yourself that may be contacted on your child's behalf.

1. _____

2. _____

Child's Physician and # _____

Please list anyone that is allowed to pick up your child:

Does your child have any allergies? If yes, please explain the course of action to be taken.

Please tell us a little about your child. Anything you think will help us in taking care of your child.

HUMC MDO Discipline Policy

When discipline is necessary, the only form given here is supervised time-out. During which your child will be instructed on proper behavior and improper behavior. One minute of time-out per year of age is recommended.

If any child exhibits persistent biting or other behaviors that are harmful to other students, you may be asked to remove your child until the behavior stops.

I have read and understand the above policies

Signature _____ Date _____

HUMC MDO Parental Consent Form

1. I hereby give my consent to HUMC MDO to call Dr. _____,
And if they are not available, call any Dr. for medical and surgical
care for my child should an emergency arise. It is understood that an
effort will be made to locate one of us before any action is taken.
2. I hereby release the HUMC and HUMC MDO, employees and their
board of directors from any responsibilities, direct or implied, in the
event of an accident or illness to my child.

Signature _____

Date _____