

Sibling in Program: \_\_\_\_\_

ROOM: \_\_\_\_\_

**Mom's Day Out  
Information Sheet  
Policies and Guidelines**

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

Child's Name: \_\_\_\_\_ Child's Birthdate: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-Mail address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

In Case of an emergency and a parent cannot be reached, please contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please list any allergies (especially food allergies) or important health information that would be beneficial to know in working with your child. Please also include any information regarding your child that might help MDO provide the best child care possible:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

Child's Name: \_\_\_\_\_

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

## MOM'S DAY OUT Release Form

My child may be released to the following persons (please include car-pool mothers, grandparents, friends, etc.). Photo ID will be requested before releasing child.

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

I give permission for my child \_\_\_\_\_, age \_\_\_\_\_ to attend the *Mom's Day Out* program as I pre-register month by month. I give permission to staff of the *Mom's Day Out* program to seek medical care for my child, if deemed necessary. I authorize the staff to notify the family physician or take my child to the nearest emergency facility, if unable to reach parents or relatives. I authorize the staff of *Mom's Day Out* to administer Emergency First Aid if deemed necessary.

I give permission for my child to participate in all activities offered at *Mom's Day Out* that are age appropriate. These include, play time, snacks, stories including Bible stories, songs and fingerplays, puppets, prayer, crafts, MDO approved and age appropriate videos, and creative movement. Occasionally, the children play in the gym or on the church yard. Also, at times, older children may make snacks in the downstairs small kitchen.

I give my consent for my child's photo to be used for crafts or promoting the *Mom's Day Out* program in print or on the MDO Web Site in the event such a situation arises.

\_\_\_\_\_  
(Please sign if you agree with the above information)

## Mom's Day Out Policies and Guidelines

### Health Policy

All children are asked to refrain from attending when ill.

Children should not be admitted into class with any of the following symptoms and/or illness:

Fever within the last 24 hours	Impetigo
Runny nose (not clear)	Active Chicken Pox
Questionable rashes	Measles/mumps
Coughing	Conjunctivitis (Pinkeye)
Diarrhea	Throwing up within the last 24 hours

Any child attending that seems ill shall be examined by Mom's Day Out Staff. The parents will be called if a fever is present.

Any child on antibiotics should have been on the drug for at least **24 hours before** coming to a Mom's Day Out.

All children are also required to wash their hands directly before entering their classrooms at the beginning of each Mom's Day Out morning. This will result in much fewer germs being transferred. This Health Policy will be strictly enforced since this affects not only other children in our care but also the adults caring for them.

### Discipline and Safety Guidelines

I understand that my child will:

- ♥ Be quietly reprimanded first.
- ♥ At no time have any form of physical discipline be used on him/her. Time out chair is the only acceptable discipline used.
- ♥ Not be talked to or about in a negative manner.
- ♥ Have consistency and fairness used when dealing with him/her.
- ♥ Not be allowed to bite, hit, spit or demonstrate extremely aggressive behavior. Repeated misbehavior will be evaluated by staff and Director.

I understand any problems will be discussed with me by the Teacher of my child's room.

**MDO reserves the right to place a child in a room that will meet their developmental ability and not solely based on their birthdates.**

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Please sign your name if you understand and agree to abide by the above MDO policies and guidelines.