

**APPLICATION FOR ADMISSION
FIRST BAPTIST CHURCH OF PELHAM MOTHER'S DAY OUT**

Please check all that apply:

Monday Tuesday Wednesday Thursday Friday

Child's Name _____ **Sex** _____

Name by which the child is called _____ **Date of Birth** _____

Address _____

Mother's Name _____ **Occupation** _____

Home Phone _____ **Business Phone** _____ **Cell Phone** _____

Father's Name _____ **Occupation** _____

Home Phone _____ **Business Phone** _____ **Cell Phone** _____

Email address _____

Additional Names to be contacted in an emergency:

Name _____ **Phone** _____

Name _____ **Phone** _____

Names and ages of other children in the home: _____

Religious Affiliation:

Church you attend: _____

If no membership, give church preference _____

Name and phone number of Pediatrician _____

Allergies (if allergic, please list what food/foods cannot be eaten. Also, can the child sit next to someone with that food? What steps are taken in case of an emergency?)

Any information that you feel would aid us in understanding your child better: _____

