

CHILD'S DAY OUT REGISTRATION

Deer Park Baptist Church
8875 University Blvd.
N. Charleston, SC 29406
843-553-1172 ext. 21

Child's Full Name: _____ **Name called by:** _____

Date of Birth: _____ **Age as of September 1, 2010:** _____ **Sex:** _____

Address: _____ **City:** _____ **Zip:** _____

Home phone #: _____ **Mom's cell:** _____ **Dad's cell:** _____

E-mail address: _____

Circle desired program enrollment:

3-day program
Open to all ages

2-day program
2 years old and under only

Mother's Name: _____

Business Name: _____ **Work #:** _____

Father's Name: _____

Business Name: _____ **Work #:** _____

Would you like more information about Deer Park and its programs? ___ Yes or ___ No

Name and phone number of two persons who would assume responsibility for your child in an emergency if CDO should be unable to contact parents or who can pick up your child from CDO:

Name: _____ **phone number(s):** _____ **Relationship:** _____

Name: _____ **phone number(s):** _____ **Relationship:** _____

For Office Use Only:

Reg Fee: _____

Check #: _____

Cash: _____

Reg. Date: _____

Authorization for Emergency Treatment

I, _____, hereby authorize any physician member of the Department of Emergency Medicine (or equivalent organization) of:

Check one:

- _____ Trident Regional Medical Center
- _____ Summerville Medical Center
- _____ MUSC Children’s ER
- _____ Other emergency care facility (i.e. Roper ER at Northwoods Mall)

and/or any member of the medical staffs of the above mentioned hospitals when requested by a Department of Emergency Medicine physician, to render medical treatment which in his or her judgment may be deemed necessary in the care of:

_____ (Print name of child clearly)

Parent’s Signature: _____ Date: _____

Name of insurance company: _____

Policy and Group Number: _____

Medical Information:

Name of Child’s Doctor: _____ Phone: _____

Allergies or medical conditions we need to be aware of and any medications taken regularly:

Parent’s Signature: _____ Date: _____

Photographs:

_____ Any pictures taken of my child may be used in crafts, videos, or bulletin board displays within the church.

_____ Any pictures taken of my child may be used on the Deer Park Church website or Facebook page.

I release Deer Park Baptist Church, its staff, and representatives of any and all legal responsibilities.

Parent’s Signature: _____ Date: _____