

# 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, 2011:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home phone #:** \_\_\_\_\_ **Mom's cell:** \_\_\_\_\_ **Dad's cell:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

## Check desired program enrollment and days attending:

\_\_\_ 3-day program (Open to all ages)    \_\_\_ 2-day program (3 years old and under only)

\_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday

**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: \_\_\_\_\_