



# PARENTS DAY OUT

First Presbyterian Marietta

## PARENTS DAY OUT REGISTRATION FORM

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Cell \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Cell \_\_\_\_\_ Father's Work Phone \_\_\_\_\_

Preferred Email Address (for notification of PDO closings or other important news only):  
\_\_\_\_\_

### Medical

Is your child allergic to any foods, drugs, bee stings, etc? If yes, please list all with reaction and treatment:  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any special needs or accommodations?  
\_\_\_\_\_  
\_\_\_\_\_

### Emergency Contacts Other than Parents

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Medical Release:

In the event of a medical emergency involving my child, \_\_\_\_\_ (print child's name), I understand that FPC PDO will make every effort to contact me. If the staff cannot reach me, I give permission for PDO to seek medical attention for my child. Any medical fees incurred will be my responsibility. I agree to hold harmless the Parent's Day Out program and FPC for their actions on my behalf.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

### Photo Release

I give PDO and FPC permission to use print and/or digital media of my child for promotional purposes.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date