

GoodNaz Mother's Day Out Registration Form

Parent/Guardian Information

Date: _____

Mother/Guardian First Name: _____ M.I. _____ Last Name: _____

Street _____ City _____ State _____ Zip _____

Contact Numbers: Home _____ Cell _____ Office _____

Occupation _____ Employer _____

Work Address— Street _____ City _____ State _____ Zip _____

Custodial Parent (If married, mark both parents) Mother's SS# _____

Email _____ Driver's License # _____

Preferred PIN number for checking in/out (4 digits, numbers only) 1stChoice _____ 2ndChoice _____
If you do not have a preference, leave blank & one will be assigned to you.

Marital Status: Married Single Divorced Separated Widowed Other _____

Father/Guardian First Name: _____ M.I. _____ Last Name: _____

Street _____ City _____ State _____ Zip _____

Contact Numbers: Home _____ Cell _____ Office _____

Occupation _____ Employer _____

Work Address— Street _____ City _____ State _____ Zip _____

Custodial Parent (If married, mark both parents) Father's SS# _____

Email _____ Driver's License # _____

***Only if not completed above!!** Preferred PIN number for checking in/out (4 digits, numbers only)
1stChoice _____ 2ndChoice _____ If you do not have a preference, leave blank & one will be assigned to you.

Marital Status: Married Single Divorced Separated Widowed Other _____

Child Information

1st Child

First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Birth date _____

Child's Address: _____ City _____ State _____ Zip _____

GoodNaz Mother's Day Out Registration Form

Gender Male Female

Child's SS # _____

List any existing medical conditions, medication and/or special attention your child may require: _____

Allergies _____

Pediatrician's Name _____ Phone _____

Address _____

Hospital Preference: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

2nd Child

First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Birth date _____

Child's Address: _____ City _____ State _____ Zip _____

Gender Male Female

Child's SS # _____

List any existing medical conditions, medication and/or special attention your child may require: _____

Allergies _____

Pediatrician's Name _____ Phone _____

Address _____

Hospital Preference: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

Emergency Contacts & Authorized Pickup Persons

1st Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

2nd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

GoodNaz Mother's Day Out Registration Form

3rd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

I give my permission to consult the child's physician/health resource listed above in case of an emergency, if parent cannot be reached.

Parent Signature _____ Date _____

I give my permission to have my child transported by ambulance if the situation warrants. I also give my consent to the hospital my child is transported to, to administer necessary treatment to my child, _____, in the event of an emergency at which time I cannot be reached.

Parent Signature _____ Date _____