

**HOPE LUTHERAN CHURCH – KID’S DAY OUT
REGISTRATION FORM**

CHILD’S NAME: _____ AGE: _____
BIRTHDATE: _____ CLASS _____

PARENT(S) NAME: _____
ADDRESS: _____ CITY/STATE _____ ZIP _____

HOME PHONE _____ E-MAIL _____
ADDRESS _____

MOM’S PHONE (WORK) _____ (CELL) _____
DAD’S PHONE (WORK) _____ (CELL) _____

OTHER EMERGENCY CONTACT- _____ PHONE _____ RELATIONSHIP _____
OTHER EMERGENCY CONTACT- _____ PHONE _____ RELATIONSHIP _____

WHO MAY PICK UP THE CHILD:

NAME: _____ RELATIONSHIP _____ PHONE _____
NAME: _____ RELATIONSHIP _____ PHONE _____
NAME: _____ RELATIONSHIP _____ PHONE _____
NAME: _____ RELATIONSHIP _____ PHONE _____

In case of emergency, I give the staff permission to administer first aid,
and/or to call my doctor, Name: _____ Phone: _____
or to admit my child to the _____ Hospital.
Hospital Address: _____ & Phone: _____

Signature: _____ Date: _____

A current vaccination record (a copy) must accompany registration form.

My child has _____ allergies.

Note symptoms or special care need regarding allergies _____

PERMISSION AND RELEASE FROM LIABILITY

As the parent or legal guardian of _____ (child’s name),
I grant my child permission to participate in the Kid’s Day Out Program sponsored by, Hope
Lutheran Church, 5714 Callaghan Road, San Antonio, TX. 78228. Hope Lutheran Church,
its staff, and the workers of the Kid’s Day Out program are released from any and all liability
connected with this *service to the community*.

Signature: _____ Date: _____

I give the KDO program permission to post a picture of my child, *without names*, in KDO or
church news letters, on the big screen in church, or on the website.

Signature: _____ Date: _____