

**APPLICATION FOR ADMISSION  
FIRST BAPTIST CHURCH OF PELHAM MOTHER'S DAY OUT**

Please check all that apply:

Monday     Tuesday     Wednesday     Thursday     Friday

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_

Name by which the child is called \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Additional Names to be contacted in an emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Names and ages of other children in the home: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

Church you attend: \_\_\_\_\_

If no membership, give church preference \_\_\_\_\_

Name and phone number of Pediatrician \_\_\_\_\_

Allergies (if allergic, please list what food/foods cannot be eaten. Also, can the child sit next to someone with that food? What steps are taken in case of an emergency?)

\_\_\_\_\_

\_\_\_\_\_

Any information that you feel would aid us in understanding your child better: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_