

PALS



the Mother's Morning Out
at Trinity United Methodist Church
606 Turner-McCall Blvd, Rome, GA 30165 • 706-291-0033

Registration Form

Mother's name _____

Father's name _____

Child's name _____ birthdate _____

address _____

email address(es) _____

home phone _____ cell phone _____

Number where Mother can be reached during PALS: _____

Number where Father can be reached during PALS: _____

Child's physician _____ phone _____

Please list someone, other than parents, to notify in an emergency:

Name _____ phone _____

Name _____ phone _____

Please tell us about your child, so we can better meet his/her needs:

Allergies _____

Favorite toys _____

Favorite types of play _____

Dislikes or Fears _____

Your child will be released to only an authorized person listed on this form (parent/guardian/emergency contact). In case of an unforeseen circumstance, please give the name and phone number of any other persons with permission to pickup your child.

Name _____ phone _____

Name _____ phone _____

I want my child to attend PALS on Mondays ___ Wednesdays ___ Fridays ___

Beginning on this date: _____

I would like to serve as a volunteer to reduce my tuition _____

Please tell us about your family, so we can better meet your child's needs:

Father's employment _____ phone _____
type of work: _____

Mother's employment _____ phone _____
type of work: _____

parent's marital status: (circle one) married single divorced separated widowed
names of siblings and birthdates: _____

names of anyone else who lives at your home and their relationship to your child:

Is there anything else we should know about your child /your family, in order to meet your child's needs?

Emergency Consent: It is our policy to notify a parent when a child is ill or needs medical attention. If an emergency arose, and we could not reach you and we needed to get emergency medical care, we would take your child to either Floyd Urgent Care or to the emergency room at Floyd Medical Center.

Please sign below so that we can take appropriate action on behalf of your child.

I hereby give my/our consent for my/our child _____ when ill/injured, to be taken to either Floyd Urgent Care or the Floyd Medical Center Emergency Room, by the staff of PALS, when I/we cannot be contacted. I consent to an ambulance being called to transport my child, if necessary. I further agree to pay all costs incurred for care and for transport.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

I have read the PALS brochure and am enclosing the registration fee and first month's tuition.

signature _____