

Registration Form

Today's Date ____/____/____

Child Information

Name of Child _____ Boy _____ Girl _____

Date of Birth ____/____/____

Home Address _____

City _____ State _____ Zip _____

Primary Phone Number _____

Enrollment

- Monday/Wednesday/Friday

Family Information

Parents are: ___ Married ___ Separated ___ Divorced ___ Unmarried

Father's Name _____

Home Address _____

Home Phone (____) _____ Cellular (____) _____

Driver's License & state where issued _____

E-Mail Address _____

Name of Employer _____

_____ Please Initial Each Page

Mother's Name _____

Home Address _____

Home Phone (____) _____ Cellular (____) _____

Driver's License & state here issued _____

E-Mail Address _____

Name of Employer _____

Other Children in the Family:

Name _____ Date of birth: __/__/__

Name _____ Date of birth: __/__/__

Name _____ Date of birth: __/__/__

Name _____ Date of birth: __/__/__

Church Affiliation:

Church to which family belongs:

Medical Information (to be completed by parent /guardian)

Previous and/or existing illnesses or injuries:

Medication Prescribed for Long Term Use: _____

Special Instructions/Needs:

Allergies: _____

_____ Please Initial Each Page

Doctor to call in case of emergency: _____

Doctor's Address: _____

Doctor's Phone: _____

Parental Authorization for Medical Care

In case medical attention is needed for my child and neither parent can be reached by phone, I authorize the Brookside Church staff to take whatever emergency medical measures deemed necessary for the protection of my child while he/she is in their care. I understand that this authorization may include calling the physician named above, implementing his/her instructions, and transporting my child to a hospital or clinic without first obtaining my consent. I will not hold the staff liable for any accident or injury to the child while he/she is at the center, provided any such accident or injury is not caused by the staff's negligence or willful acts.

Signature of parent or guardian & date

Emergency Information

Name and number of relative or friend to contact in case of emergency:

Name _____ Relationship _____

Phone (____) _____

Name _____ Relationship _____

Phone (____) _____

Child Release Information

Other than parent/guardian listed, I hereby authorize Brookside Parent’s Day Out to allow my child to leave ONLY with the following persons (any changes must be made in writing to the director)

Name _____ Relationship _____

Phone (____) _____ Driver’s License Number _____

Name _____ Relationship _____

Phone (____) _____ Driver’s License Number _____

Signature of parent or guardian & date

If you have any questions, please contact:

Yvonne Person, Brookside PDO Director

Chelsea Nix, Brookside PDO Co-Director

Phone: (901) 497-4106

Phone: (901) 289-0455

yvonne@brooksidems.com

chelsea@brooksidems.com

Please return completed form to:

Brookside Church

4993 Hwy 302 E.

Olive Branch, MS. 38654 Web: www.brooksidems.org

Office hours: Monday through Friday, 9:00 a.m. – 5:00 p.m.

OFFICE USE: Date application received: ____/____/____

Received by: _____

_____ Please Initial Each Page

Brookside's Mom Day Out Program is successful in part because children learn through play, pretend play, playing games and active playing.

Our children receive lots of free time and structured time throughout the day. Age appropriate activities are scheduled with the flexibility allowed to respond to the needs of each individual child and their various ages; activities that we and the children participate in.

Children develop socially, emotionally, cognitively, and physically through play. Children learn through play, because they are engaged in what they are doing. As children play, they learn to solve problems, to get along with others, take turns, negotiate, and to develop the fine and gross motor skills needed to grow and learn. Play is how children experience their world and bring meaning to it. It models the social framework that builds relationships for life and inspires imagination.

When children play it gives them an opportunity to pretend, it gives them the ability to see the world from different perspectives.

Indoor Activities include:

Books and story time

Legos

Circle time

Tumbling exercises

Lincoln Logs

Music

Dress up

Cars/trucks/airplanes

Arts & crafts

Puzzles

Flash cards

Interactive stuffed animals

Various learning toys

Musical instruments

Bean bag toss

Painting

Science

Singing

Blocks

Dolls & Barbies

Mr. Potato Head

Outdoor Activities include:

Climbing

Sliding

Jumping

Running

Playing with balls

Water balloons

Catch

Bubbles

Follow the leader

Squirt bottles

Wagons

Exploring nature & the weather

During the summer months (June, July, & August) we allow for more outdoor activities and creative arts projects. Weather permitting, we play outdoors every day.

Periodic/Seasonal Activities include:

Santa Clause and his Elf make a yearly visit

Easter Bunny

Easter Egg Hunt

Dress-Up for Halloween

Fall Festival

Valentine's Day card exchange

Celebrate children's birthday parties

Have someone to come in and teach fire safety.

Dentist to come in and teach how the importance of oral hygiene.

Our goal is to make learning for all ages fun and non-intimidating, by encouraging laughter and provoking smiles, ensuring that each child in our care feels safe, loved and happy. Our goal is to give each child in our care a solid and well-rounded skill base to help prepare them for a strong beginning in school. We strive to foster creativity and to instill joy in learning; to provide a place where children are encouraged to play and challenged to learn. We feel that both you and your child will be as enthusiastic as we are about our program.