

Office Use Only:
Reg. Fee Pd/Type _____
Em. Treatment Form _____
Photo Release _____



2025-26 Registration

Child's Name: _____ Male/Female (Circle One)

Birthdate: ____/____/____

Address: _____ City: _____ Zip: _____

Mother/Guardian: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email: _____ Member? Yes/No

Father/Guardian: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email: _____ Member? Yes/No

Emergency Contact (Not Mother/Father)

Name: _____ Phone Number: _____

Relationship to Child: _____

In addition to those listed above, I hereby authorize Redeemer PDO to allow my child to leave Redeemer PDO with the following persons. Please list names and telephone numbers for each. Children will only be released to a parent or person designated by the parent/guardian after verification with a picture ID.

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Food Allergies and Important Information

Allergies (food and other): _____

Reaction to Allergens: _____

Emergency Medications (if applicable): _____



Consent to Emergency Treat

I do hereby declare, constitute, and appoint the Redeemer Parents' Day Out Coordinator and/or Teacher of Redeemer Waco Presbyterian Church, to have the right and authority to act in my name, place and stead to consent to emergency medical and surgical treatment, to protect the health and physical well-being of my above-named child during my absence when said child is in their care, including transportation to my preferred Emergency Medical Care Facility.

I agree to pay for all emergency medical treatment for said child and to hold harmless Redeemer Waco Presbyterian Church, from all liability and expenses for such emergency treatment.

Child Name _____

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date _____

Medical Information

Family Doctor: _____ Phone: _____

Preferred Emergency Medical Care Facility: _____

Phone: _____

List any special problems that your child may have such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medications prescribed for long term continuous use, and any other information which caregivers should be aware of:



Photo Release Form

I, _____, parent/guardian of _____, give permission to Redeemer Parents' Day Out Program to use pictures of my child at Redeemer Waco Presbyterian Church for promotional purposes that include, but are not limited to; website promotions, social media ads, promotional flyers, and onsite promotional purposes.

Parent/Guardian Signature: _____ Date: _____