



CHURCH OF THE HOLY SPIRIT MOTHERS' DAY OUT

2026 SUMMER REGISTRATION FORM

Child's name _____ Age as of 06/1/2026 _____
Years / Months

Home address _____ City _____ Zip _____

Primary phone _____ Birthdate _____ Sex _____
Month / Day / Year

Father _____ Cell Phone _____

Father's place of employment _____

Mother _____ Cell Phone _____ Business phone _____

Mother's place of employment _____

Primary E-Mail _____

Church affiliation (Parish) _____

Is your child currently enrolled in or attended another program this past school year _____

if yes, where _____

Referred By: _____

Must attend both days (Monday/Wednesday 9:30-2:30)

Nonrefundable Registration and Nonrefundable Tuition Fees: Registration \$75 per child and Tuition \$350 for the entire summer session per child

NO CREDIT GIVEN FOR MISSED/VACATION DAYS

Parent's Signature _____ Date _____

(Complete backside of this form)

Diocese of Memphis Health Form & Release for _____

Health History:

Any Pre-Existing or Present Medical Conditions (including diet) and or learning/behavioral disorders:

Name and dosage of any medication that must be taken:

Any Allergies _____ Epipen Required _____ Allergic to: _____

Please check all that apply:

___ Hay Fever ___ Asthma ___ Diabetes ___ Insect Stings ___ Epilepsy / Nervous Disorder

___ Frequent Stomach Upsets ___ Heart Condition ___ Physical Handicap ___ Any major illness in the past year?

If any of the above are checked, please give details (i.e. include normal treatment of allergic reactions)

Permission to Treat:

In case of medical or surgical emergency, I hereby give permission to the physician selected by: (school/church/group) **Church of the Holy Spirit MDO** or his/her representative to hospitalize and/or secure proper medical treatment for my above-named child. I understand that I am responsible for the cost of any medical treatments (including surgery) received by my child. I hereby release the directors and staff of this event from all responsibility for sickness and accidents which occur during the event. I understand that I will be contacted immediately in case of an emergency.

Signature _____ Date _____

Pediatrician _____ Phone Number _____

Insurance Company _____
Policy Number _____ Group Number _____

If the situation permits, my first choice of hospital is:

*Please understand that depending upon the seriousness of the situation, your child may be transported to the nearest hospital.

Emergency contacts (other than child's parents) and living in the area that have permission to pick up your child. List at least two if possible.

Name _____ Relationship _____ Home Phone _____

Home Address _____ Cell Phone _____

Name _____ Relationship _____ Home Phone _____

Home Address _____ Cell Phone _____

Name _____ Relationship _____ Home Phone _____

Home Address _____ Cell Phone _____

EMERGENCY RELEASE (to be filled out by office)

Child released to: _____ Destination: _____ Date & Time: _____

Signature of emergency contact: _____ Relationship: _____

Staff signature: _____ Position: _____