

Magnolia's First Kingdom Critters MDO
Child Enrollment Form / Information Sheet

Which session are you registering for?

☐ 2019-2020 School Year ☐ 2019 Summer ☐ Both

Student Information:

Child's name _____
Last First Middle Initial

Name used at home _____ DOB ____/____/____ Gender: __M __F

Parent/Guardian Information:

****Put a star by the person who is the primary contact during the school day***

Mother's Name _____
Home Address _____
City _____ Zip _____
Cell/Main Phone _____ Work Phone _____
Email _____

Father's Name _____
Home Address _____
City _____ Zip _____
Cell/Main Phone _____ Work Phone _____
Email _____

Guardian's Name (if applicable) _____
Home Address _____
City _____ Zip _____
Cell/Main Phone _____ Work Phone _____
Email _____

Brother(s) and/or Sister(s) name(s) and age(s)

Additional Information (Non-Health Related)

Are you a member of Magnolia's First? _____ Yes _____ No

Are you a member of another church? Church Name: _____

Are you actively involved in a church? Church Name: _____

Magnolia's First Kingdom Critters MDO
Emergency Contact Information

Emergency Information:

Physician's Name: _____ Phone: _____

Allergies, Diseases, Physical Conditions, Special Needs, etc...

Emergency Contacts (other than parents):

Name: _____ Relationship to child: _____

Cell/ Main Phone: _____

Work Phone: _____

Name: _____ Relationship to child: _____

Cell/ Main Phone: _____

Work Phone: _____

Name: _____ Relationship to child: _____

Cell/ Main Phone: _____

Work Phone: _____

Magnolia's First Kingdom Critters MDO
Release Authorization

Child's Name _____

The following is a list of people that Kingdom Critters MDO may release my child into their custody. I understand that anyone on this list may be required to show photo identification before Magnolia's First Kingdom Critters MDO releases my child.

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Parent or Guardian Signature _____

Parental permission for media, web or other publication of student's
photograph, likeness, and/or work for the school year.

*I give permission for my child to be photographed by personnel of M1BC for classroom use, such as crafts and prints that will be sent home (including group photos).

_____ YES _____ NO

*I give permission for my child's photo to appear on "in-house" publications such as newsletters or flyers.

_____ YES _____ NO

*I give permission for my child's photo to appear on the M1BC website or Facebook page.

_____ YES _____ NO

Parent's Signature _____

Magnolia's First Kingdom Critters MDO
Medical Authorization /Appointment of Agent

I, _____, (parent/guardian name)
do hereby appoint Magnolia's First Kingdom Critters MDO, of lawful age as my agent and
representative for the purpose of authorizing and consenting to hospital care and/or medical care and
treatment of _____ (child's name) for any illness or injury that may occur while such
person is in the care of custody of the agent while I am away, on vacation, or otherwise not immediately
available to give such consent.

Information for Emergency Room

Child's Birthday: _____

Child's Physician: _____ Phone: _____

Drug Allergies: _____

(Parent or Guardian Signature)

(Date)

(Insurance Company)

(Policy Number)