



Does your family have a home church? \_\_\_\_\_ If so, where? \_\_\_\_\_

Does your child need emergency treatment for insect sting? \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_ If yes, please list all allergies \_\_\_\_\_

\_\_\_\_\_

Does your child need emergency treatment for allergies? \_\_\_\_\_

Is your child subject to Epilepsy? \_\_\_\_\_ Asthma? \_\_\_\_\_

Describe any special needs or instructions \_\_\_\_\_

\_\_\_\_\_

**I have read through the Policies and Procedures Handbook for Mommy's Time-out**

**And agree to abide by them.**

\_\_\_\_\_ **Date** \_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_ **Date** \_\_\_\_\_  
**Parent Signature**