

**MOTHER'S MORNING OUT REGISTRATION  
HOLY INFANT OF PRAGUE CATHOLIC CHURCH**

Child's Name \_\_\_\_\_

Name Child is called \_\_\_\_\_

Date of Birth \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State & Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Phone number accessible at all times \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Father's Work Phone \_\_\_\_\_

Contact in case of an emergency \_\_\_\_\_

Allergies or special needs \_\_\_\_\_

Child's physician & phone \_\_\_\_\_

The following adults have permission to pick up my child:

\_\_\_\_\_

The following adults are not allowed to pick up my child:

\_\_\_\_\_

Parent Signature: Mother \_\_\_\_\_ Father \_\_\_\_\_

I have received & understand the MMO Handbook which requires a non-refundable Registration Fee of \$25.00 & monthly fees to be paid after my child attends MMO at least 1 day of the month.

Date \_\_\_\_\_

\*Please attach a copy of child's blue immunization form