



MEMPHIS ISLAMIC CENTER

10225 Humphreys Rd, Cordova TN 38018 | 901-759-9906 901-231-9340 | education@memphisislamiccenter.org | ID: 26-2450287

In the name of Allah, The Compassionate, The Merciful

MIC MOTHER'S DAY OUT PROGRAM

Program Registration Form

Please fill out one form per family

Child(ren) Information					
	First Name	Last Name	Nickname	Gender	Date of Birth
1				F M	__/__/__
2				F M	__/__/__
3				F M	__/__/__

Contact Information		
Parent/Guardian:	Relationship: Father __ Mother __	
Address:		
City:	Zip:	Home phone #
Cell phone #:	E-mail address:	
Parent/Guardian:	Relationship: Father __ Mother __	
Address:		
City:	Zip:	Home phone #

Emergency Contact (In case we cannot reach you, which person do you authorize MIC MDO to contact?):	
Name: _____	Relationship: _____
Home Phone: _____	Cell Phone: _____

Other than you, who else has permission to pick up your child?	
Name: _____	Relationship: _____
Home Phone: _____	Cell Phone: _____
Name: _____	Relationship: _____
Home Phone: _____	Cell Phone: _____

Child Health Information		
Child's health care provider:		Telephone number
Street address:	City	Zip code
Allergies, including drug reactions YES or NO? If yes, specify.	Special health problems? YES or NO? If yes, specify.	Regular medications? YES or NO? If yes, specify.
Other important information: Yes or no? If yes, specify.		
Consent to medical care and treatment of minor children		
I give permission that my child, _____, may be given first aid/emergency treatment by a the child care licensee and/or qualified staff.		
Parent/guardian signature		Date
When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment.		
I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.		
Parent/guardian signature		Date

I certify under penalty of perjury under the laws of the State of Tennessee that this information is true and correct. I understand that Memphis Islamic Center is not responsible for any injuries or loss of property that the registrant/registrants may incur while at school.

Signature of Parent / Guardian: _____ Date: _____

**Questions? Please call 901 231-9340 or email education@memphisislamiccenter.org.
Fax completed form to 901 755 3791**

For Office Use only

Registration Date	Start Date:	Registration Fee: _____	Activity Fee: _____
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