

## Victory Mother's Day Out 2025-2026 Registration

Please make sure every applicable signature line is signed.

Students will be enrolled when the registration packet (three following pages) has been filled out, returned, and the \$50 enrollment fee per child has been paid. Applications and payments are accepted on a first-come, first-served basis.

Please return to:

Victory Church  
10000 Brockington Road  
Sherwood, AR 72120

For questions:  
Church office (501) 835-2400

Victory MDO  
Child Information Form

Registration Fee \$50 per child

Check # \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name #1: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Name #2: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Child lives with: \_\_\_\_ both parents \_\_\_\_ mother \_\_\_\_ father \_\_\_\_ guardian

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

Cell # \_\_\_\_\_ Work # \_\_\_\_\_

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

Cell # \_\_\_\_\_ Work # \_\_\_\_\_

How did you hear about our Mother's Day Out? \_\_\_\_\_

**Emergency Contact Information**  
(people to call if parent(s)/guardian can't be reached)

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone # \_\_\_\_\_

Is this person authorized to take your child from our facilities? Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone # \_\_\_\_\_

Is this person authorized to take your child from our facilities? Yes \_\_\_\_\_ No \_\_\_\_\_

*Consent for emergency medical care*

I hereby give my consent to the Director of Victory MDO or her appointed representatives, for said child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parent(s) cannot be reached.

Consent is also given for the Director or her duly appointed representatives to transport said child for emergency medical treatment if the parents cannot be reached.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

**Personal History Form**  
*Complete one sheet for each child*

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

Siblings (names/ages) \_\_\_\_\_

\_\_\_\_\_

Church you attend \_\_\_\_\_

Previous daycare/preschool experience (when/where) \_\_\_\_\_

\_\_\_\_\_

Any known allergies \_\_\_\_\_

\_\_\_\_\_

Does the child have any bowel/bladder irregularities? \_\_\_\_\_

\_\_\_\_\_

Special food/feeding instructions \_\_\_\_\_

\_\_\_\_\_

Napping/sleeping instructions \_\_\_\_\_

\_\_\_\_\_

Additional information such as discipline, child's communication, comforting, etc.

\_\_\_\_\_

\_\_\_\_\_

After Victory MDO has received your Registrations Packet you will  
receive a copy of the Parent Handbook outlining all Policies and Procedures.