



Registration Form 2017-2018

PERSONAL INFORMATION

Child's Full Name: _____ Date of Birth _____ / _____ / _____

Nickname: _____ Class: ___ 1 yr ___ 2 yr ___ 3 yr ___ Pre-K 4

Home Address: _____ City: _____ Zip: _____

Home Phone #: _____

Gender: Male Female

Child's age on **September 1, 2017**: _____

Mother/ Guardian Name: _____ Father's Name: _____

Employer: _____ Employer: _____

Occupation: _____ Occupation: _____

Work #: _____ Work #: _____

Cell #: _____ Cell #: _____

Email: _____ Email: _____

Marital Status: Married Divorced Single Separated Widowed

**If there are special concerns/directions regarding custody, please notify the director.*

EMERGENCY INFORMATION

In case of emergency, notify those below if unable to contact parents/guardian (*State Standard requires two*) :

1. _____	_____	_____
Name/ Relationship	Home Address	Phone #

2. _____	_____	_____
Name/ Relationship	Home Address	Phone #

PICK UP AUTHORIZATION

The following people may pick up my child, *in addition to the parents and emergency contacts* listed above.

Name	Phone Number	Driver's License #
1. _____		
2. _____		
3. _____		

AUTHORIZATION FOR MEDICAL CARE

In the event that I cannot be reached to make arrangements for emergency medical care at the time of an illness/accident, I hereby authorize the GFC Mother's Day Out Director or representative to take my child to:

Pediatrician	Address	Phone #
_____ / _____		
Name/ Address of Hospital	A licensed physician	
Insurance Company: _____	Policy #: _____	(Optional)

SPECIAL NEEDS STATEMENT

Allergies: _____

Existing illness: _____

Previous serious illness/injury: _____

Medicine prescribed for long term continuous use: _____

My child has been examined by _____, a licensed physician, on _____ (within the last 12 months) and is able to participate in the program.

PHOTO/VIDEO RELEASE

I give my permission for _____ to be photographed/video taped in the school setting. These would be used in program slide shows, craft projects or for display around our building.

I give my permission for _____ to be photographed/ video taped and posted on the Mother's Day Out Facebook page.

I do not give permission for _____ to be photographed/ video taped under any circumstances.

PARENT HANDBOOK

I understand the policies and procedures in which Mother's Day Out (MDO) practices.

I agree to place my child, _____, in the care of MDO under the policies and procedures listed in the MDO Parent Handbook. I have read the 2017-2018 Mother's Day Out Parent Handbook. I will retain this manual for my records, if any further questions arise.

Please read and sign below to acknowledge:

I agree to all requirements of the enrollment process and to all releases included in this form with the exception of those I have noted.

Parent Signature *(either parent may sign/both signatures not required)* Date

Mother's Day Out Director Signature Date

Financial Agreement 2017-2018

GFC/ Mother's Day Out

With the enrollment of _____(child) in Grace Fellowship Church/ Mother's Day Out, I agree to comply with the following financial requirements:

1. My preschool account balance must be current for this school year before I can make application for next fall.
2. Pay annual registration / supply fee of \$150 due at registration. This fee is non-refundable.
3. Pay all monthly tuition during the 1st week of the current month. However, **September 2017 tuition is due before August 15, 2017 with registration/ supply fees.**
4. Pay a \$15.00 late fee for tuition received in the MDO office after the 15th of the month. Any tuition more than 30 days past due may result in the student being withdrawn from class and re-enrollment fees will apply.
5. If you have any reason to withdraw your child from the program, permanently or temporarily, MDO is to receive a 30 day written notice. If you are not able to give a 30 day written notice, you are responsible to pay the tuition for the next month.
6. Pay an additional charge of \$10.00 for each child picked up after 2:15pm for the 1st occurrence, \$15.00 for the 2nd, etc. This fee will be included in next month's tuition statement.
7. A fee of \$25.00 will be assessed for all returned checks. Two returned checks will necessitate cashier's check or money order payment each month thereafter.

In order to hold a child's position for a later start date than September 1, 2017, registration/supply fee must be paid in advance. In addition, monthly tuition must be paid until the child is able to start.

During certain months that include holiday breaks or the final month of classes that may end before the end of the month, full tuition is expected per the tuition agreement.

Parent Signature *(either parent may sign/both signatures are not required)* Date

Mother's Day Out Director Signature Date

MUST BE COMPLETED BY THE PHYSICIAN/ HEALTHCARE PROVIDER

Name of Child: _____ Date of Birth: _____ / _____ / _____

Please attach a copy of this child's most current immunization record or a notarized Affidavit of Exemption. The exemption form may be applied for from the Texas State Government website.

Allergies: Yes No

If yes, explain:

Does this child have any other medical conditions that should be mentioned (such as asthma, hay fever, etc.)?

Yes No

If yes, explain:

PHYSICIAN/ HEALTHCARE PROVIDER STATEMENT

I have examined this child, _____ within the past year and find he/she is physically able to take part in preschool.

Physician's Signature

Date

Print Physician's Name

Physician's Phone Number

Address

City, Zip