



Summer Program 2017 Registration

PERSONAL INFORMATION

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

Nickname: _____

Home Address: _____ City: _____ Zip: _____

Home Phone #: _____ (Mom) Email _____

(Dad) Email _____ (Guardian) Email _____

Gender: Male Female

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

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

Employer: _____ Employer: _____

Occupation: _____ Occupation: _____

Work #: _____ Work #: _____

Cell #: _____ Cell #: _____

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 Full Address Phone #

2. _____
Name/ Relationship Full 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, 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 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

Grace Fellowship Church Mother's Day Out Summer Program

With the enrollment of _____(child) in Grace Fellowship Church/ Mother's Day Out **Summer Program**, 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.
2. Pay Registration Deposit of \$150 at registration. This deposit is non-refundable. **(April 15, 2017 – May 11, 2017)**
3. Pay the \$200 balance on or before June 15, 2015 (first day of Summer Program)
4. If you have any reason to withdraw your child from the summer program, you must give a 2 week written notice. We will then consider a prorated refund after the deposit amount, which is non-refundable. If you are not able to give a 2 week written notice, you will not be eligible for a refund.
5. Pay an additional charge of \$15.00 for each child picked up after 2:15pm for the 1st occurrence, \$20.00 for the 2nd, etc. This fee is to be paid immediately by cash or check.
6. A fee of \$25.00 will be assessed for all returned checks.

We do not accept credit cards at this time. Payments can be made by cash, money order or check. Please make checks payable to GRACE FELLOWSHIP CHURCH – Memo/ MDO Summer

Parent / Guardian 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 a summer program.

Physician's Signature

Date

Print Physician's Name

Physician's Phone Number

Address

City, Zip