

Date Received: _____ Days Enrolled: Tues. _____ Thurs. _____ Both _____ Age on 8/15 _____

New Union Baptist Mother's Day Out Registration Form

Child's Full Name _____ Goes By: _____

Birth Date: _____ Home Address: _____

Mother's Name _____ Employer: _____

Phone Numbers: Home _____ Cell _____ Work _____

Father's Name: _____ Employer: _____

Phone Numbers: Home _____ Cell _____ Work _____

Child resides with: Mother _____ Father _____ Both _____ Guardian _____ Guardian Info: Home# _____

Cell # _____ Work# _____ Guardian Employer: _____

Child's Physician: _____ Phone #: _____

Siblings Names & Ages: _____

Who, and in what order, do we contact in case of Emergency, **Including Parents?**

1st _____ #'s _____

2nd _____ #'s _____

3rd _____ #'s _____

4th _____ #'s _____

Who will be bringing & picking up your child? _____

Does your child have any Allergies or Conditions which would affect his/her care? _____ If yes, please explain:

The supply fee for the year is \$45.00 for full time (2 days) students and \$35.00 for part time (1 day) students. Please make Supply Fee check payable to New Union M.D.O. (due the first day of school.) The M.D.O. daily fee is \$14.00 for the two year olds and \$13.00 for all other ages. Please make monthly fee checks payable to your child's teacher (due the FIRST class day of EACH MONTH.) A copy of our M.D.O. Policies may be obtained from the church office or website, newunionbaptist.org. If you have any questions or to check for availabilities, please contact Bonnie Cochran (Director) @ 775-1821. The church office number is 775-0515. Thank You!

I agree to abide by the policies of New Union Mother's Day Out Program.

_____ Date: _____