

Date rec d: _____ Tues. only: _____ Thurs. only: _____ Both days: _____ - _____

New Union Baptist Mother's Day Out Registration Form

Child's Full Name: _____ Name child 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 ____ I/A-Name _____

Guardian Info: Home: _____ Cell: _____ Work: _____ Employer: _____

Child's Physician _____ Phone #: _____

Siblings Names and 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 and picking up your child? _____

Please list any other people with permission to pick up your child: _____

Does your child have 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 \$30.00 for part time (1 day) students. Supply fees are due the first day of class and checks should be made payable to New Union M.D.O. The M.D.O. monthly fee is \$100 per month, for all of the older classes, (ages 3 through 5) and \$108 for the two year olds/younger class. One day a week students will owe half that amount, \$50 and \$54, respectively. The monthly fee is due the MORNING of the first class day of each month. A copy of our M.D.O. Policies may be obtained from the church office or at our website – newunionbaptist.org. If you have any questions, or to check availability, please contact Bonnie Cochran (Director) at 775-1821 or 428-9400. Thank you!

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

Parent or Guardian Signature Date _____