

**Jefferson Baptist Mother's Day Out
2018-2019 Registration Form**

Registration and "All Supplies" Fee \$250
(non-refundable & due at time of registration)

Tuition rates & number of days you can attend:
2 days/wk - \$180.00 monthly
3 days/wk - \$210.00 monthly
*4 days/wk - \$245.00 monthly (*3's only)

M Tu Th F

(circle preferred days)

Teacher: _____
(determined by birthdate)

Date of Birth: ____/____/____

Child's Name: _____ Nickname: _____

Address: _____
Street City State Zip

Best Phone # _____ Gender: M F

Mother's Name: _____ Father's Name: _____

Occupation: _____ Occupation: _____

Phone: cell # _____ Phone: cell # _____

home # _____ home # _____

work # _____ work # _____

email: _____ email: _____

New family to MDO or returning family Previous teacher: _____
Language spoken at home (if not English) _____

Does your child have any allergies: Yes No If so, please elaborate: _____

Persons to whom child may be released: _____

Name of person authorized to act for parent in case of emergency: _____
_____ phone # _____

Name of pediatrician: _____ phone # _____

On the reverse side of this sheet, give any other information that would be helpful in working with your child: favorite play things, likes, dislikes, habits, etc.

Is your child currently receiving any special services or therapies? Yes No

If yes, please explain _____

Parent's Signature

Date