

**Jefferson Baptist Mother's Day Out
2019-2020 Registration Form**

Registration and "All Supplies" Fee \$260
(Non-refundable & due at time of registration)

Tuition rates & number of days you can attend:
2 days/wk - \$185.00 monthly
3 days/wk - \$215.00 monthly
*4 days/wk - \$250.00 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