



New Hope Fellowship
Mother's Day Out
Registration Form 2016-2017



Child's Name _____ Nickname _____

Gender: Male _____ Female _____ Date of Birth _____

Home Address _____ City _____ Zip _____

Are you an active member of a local Church? _____ Yes _____ No

If yes, Church name _____

Father's Name _____ Phone _____

Place of Employment _____ Occupation _____

Business Phone _____ Email _____

Mother's Name _____ Phone _____

Place of Employment _____ Occupation _____

Business Phone _____ Email _____

Parents Marital Status: Single _____ Married _____ Separated _____ Divorced _____

Person with whom child resides _____

Custody/Visiting Arrangements _____

Other Children in the Family:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

AUTHORIZATION FOR PICK UP

List all other adults who are authorized to pick up your child from Mother’s Day Out

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

EMERGENCY CONTACT/MEDICAL INFORMATION

Emergency Contact _____ Relationship to Child _____

Cell or Home Phone _____ Work Phone _____

Physician _____ Phone _____

Allergies _____

Special medical conditions or needs _____

Any dietary restrictions _____

Any other pertinent medical history _____

* Each child will need to have a current copy of their Immunization Record on file.

EMERGENCY RELEASE

In the unlikely circumstance that my child may need medical attention or emergency medical treatment and I cannot be reached, New Hope Fellowship Mother’s Day Out staff has my consent to seek any treatment deemed necessary by a licensed physician.

Print Name _____ Signature _____

Hospital Preference _____ Date _____

New Hope Fellowship Mother's Day Out Program

Annual Registration/Supply Fee: \$40.00

(Registration and Supply Fees are due upon application to hold a spot. They are non-refundable)

Schedule

- Mondays and Wednesdays from 9:00 AM – 2:00 PM
- Please do not drop your child off before 8:50 AM, even if your child's teacher is present. This is time for teachers to prepare their classrooms for the day.
- We will be closed for Springdale Public School Holidays and snow days

MDO Tuition Breakdown

Two Days per Week (Monday & Wednesday) \$40.00 per child

Payments

- All tuition fees are due by the 5th of each month.
- You will be charged for each day of your child's reservation regardless of attendance.
- We are NOT a money making facility. Our M.D.O program is a ministry and we seek only to cover our payroll and supply costs. Because of this we cannot carry a balance on your account.
- If you need to change your reservation time for the day, please notify your child's teacher BEFORE you leave your child.

Parent or Legal Guardian

Date

Office Use Only

Date of Admission: _____

Amount Paid: _____