**Woodlawn Baptist Church**

**Mom’s Day Out/Pre-K**

**Registration 2017-2018**

**Family Information**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Nick Name**:** \_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_ Home Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Drivers license #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Business Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mother’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Drivers license #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Church Membership: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is child living with both parents? \_\_\_\_\_\_\_\_\_\_\_\_\_ If NO, with whom?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brothers and Sisters of the child and age:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I would like to enroll my child for the following days: \_\_\_ Mon \_\_\_Tue \_\_\_Thur. \_\_Pre-K**

**Pick-Up Information/Emergency contacts:**

I give my permission to release my child to the following persons (18 or older) or call this person if I /spouse cannot be reached for an emergency:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D License #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D License #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D License #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Non Pick-Up Information:**

Persons whom we may **NOT** release your child to:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal History**

Does your child have the opportunity to play with other children?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your child’s eating habits:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any fears (animals, people) that we may need to be aware of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other pertinent information concerning your child you wish for us to be aware of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe any difficulties that may restrict your child from regular activity while in our care:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about our program?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health Care**

Check One: Is general health of child ( ) good ( ) fair ( ) poor

Please circle health problems that affect your child: Asthma, Epilepsy, Vision, Hearing, Bleeding Problems, Heart Disease, other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any food allergies? ( ) yes ( ) no If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any allergies to insects? ( ) yes ( ) no If yes, please describe:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

circle one

Medication needed at school for allergic reactions (food or insect)? ( ) yes ( ) no

Describe any difficulties which the child may require special attention: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Care**

In the event of an emergency in which I cannot be reached, I authorize the staff at WBC MDO to contact 911.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

1. I give Woodlawn permission to take care of my child and insure their safety while on campus.
2. I give Woodlawn permission to release information concerning my child if I am not available to the people I have listed on this form.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Woodlawn Baptist Church

Mom’s Day Out

I (we), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent(s) or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby understand and agree to the following Policies and Procedures for the Woodlawn Baptist Church Mom’s Day Out. I have also received the Parent Handbook and agree to the terms mentioned and will abide by the rules and regulations to ensure that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(child’s name) has a positive learning experience while attending Woodlawn Baptist Church Mom’s Day Out.

**Monthly Tuition**

* Monthly tuition is paid on the 1st of each month.
* Monthly tuition is considered late after the 5th of the month, and a late charge of $10.00 per child will apply. If tuition plus late charges are not paid by the 10th, an additional $10.00 late fee will apply and will result in refusal of your child to enter the classroom until your balance has been paid.
* August tuition is due the first day of MDO. May tuition must be paid NO later than the 5th.
* Monthly tuition remains the same for each month, with no deductions for absences or holidays or early pick-up.

**Withdrawals**

* Withdrawals from the program during the school year require a two week notice and payment of days attended.

**Arrival and Pick-Up**

* Children are to arrive no earlier than 9:30 a.m. and be picked up promptly at 1:30 p.m.
* After 1:35 p.m, a charge of $1.00 per minute will apply and is due when the child is picked up.

**I have read the above information, and agree to the terms listed.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

MDO Medicine Consent Form

2017-2018

If your child requires any life saving device such as an Epi-pen, it must be brought and kept in the MDO office and instructions must be given to the Director’s.

If a child requires diaper rash ointment while in the care of MDO, it must be labeled with his/her name on it and keep at school in his/her change of clothes bag. If a child is in severe pain and the teacher’s cannot wipe them, a parent will be called to pick them up.

If your child has Eczema and requires OTC lotion at MDO, it must be labeled with your child’s name on it and kept in their change of clothes bag at MDO. If it is prescription lotion, it must be given to the Director’s and kept in the MDO office

MDO will not administer any OTC medications to your child. If your child has a “bobo” while at MDO, we will call and ask permission before applying any Neosporin on them. We will use one time use Neosporin so no germs are spread.

In a case of “itchy skin” (ant bite or mosquito bite) we will use anti-itch cream or Benadryl cream, but we will call first.

Orajel will not be used at MDO.

I have read this consent form and understand the MDO policy concerning medicines and creams at MDO. I also understand that ALL creams and/or medications must be approved by the Director before they are given to the teachers.

\_\_\_\_\_\_**YES**, you have permission to put OTC medicine on my child once I have been called.

\_\_\_\_\_\_**NO**, do not put any medicine on my child.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Child’s name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent’s name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date

Social Media Consent Form

2017-2018

It is our hope and plan to start a Woodlawn Baptist Mom’s Day Our Facebook page for the 2017-2018 school year. It will be private and only for current students and their family members. Our purpose is to create a better community for our families so that we have an additional way to communicate with you and share photographs from events that we hold during the school year. From Fire Truck safety day, to Green Eggs and Ham to our Thanksgiving feast, Easter eggs hunt and holiday parties… we want to share them with you as much as possible! There are so many precious moments throughout their day that we want you to be a part of!

Please indicate below whether or not you give consent for us to share pictures on this private page and share with you and our MDO community.

I have read this consent and fully understand its implications and hereby give my consent to photographs and/or video recordings taken of me or my minor child by Woodlawn Baptist Church Mom’s Day Out staff to be shared on their private Facebook page.

\_\_\_\_\_\_**YES**, you have permission to share photographs and/or video recordings.

\_\_\_\_\_\_**NO**, do not share photographs and/or video recordings.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Child’s name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent’s name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent’s signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date