

CHRIST CHURCH MOTHER'S DAY OUT
ENROLLMENT AGREEMENT
2018-2019 School Year

Date of Enrollment _____

Child's Name _____ Sex _____

Name Child Goes By _____

Child's Date of Birth _____

Full Name of Mother _____ Home Phone _____

Cell Phone _____ Business Phone _____

Email Address _____

Full Address _____

Full Name of Father _____ Home Phone _____

Cell Phone _____ Business Phone _____

E-Mail Address _____

Full Address _____

Acceptance of this Enrollment Agreement and the registration fee of \$100.00 will hold your child's place in our MDO program until the first day of school that begins the 2018-2019 School Year. This fee is non-refundable. In return, we expect that you will honor your enrollment for the term agreed upon. **Tuition is due in full on the 1st day of each month from August to May.** Payments made after the 10th of the month are subject to a \$25 late fee. Tuition covers only the days for which your child is enrolled. There will be no substitutions.

I have read the above Enrollment and Tuition Agreement and have received a Christ Church Mother's Day Out Program Parent's Guide and Handbook. I agree to make timely payments and understand that my child may be denied attendance if payment is not made by the 15th of each month. **I also understand that pick-up time is 12:00 p.m. and that a \$10.00 late fee and extended day charges will be assessed if my child is not picked up by 12:00 p.m. or signed up for extended care.**

_____ Signature Date

Please check the days below that you wish for your child to attend. Please note that availability may be limited. Enrollment is on a first come, first serve basis with a waiting list established after a day or class is filled. If you wish to have extended care, please check days needed.

Monday	Tuesday	Wednesday	Thursday	Friday

*****Please indicate 2:30 or 4:00 for extended care*****

Extended _____ Extended _____ Extended _____ Extended _____ Extended _____

CHRIST CHURCH MOTHER'S DAY OUT
EMERGENCY CONTACT AND PICK UP
AUTHORIZATION INFORMATION
2017-2018 School Year

Child's Name: _____ Date of Birth: _____

Complete Home Address: _____

Home Phone: _____ Cell Phone(s) _____ Work Phone(s) _____

We must have 3 people to contact in case of an emergency that we can call for your child in the event you cannot be reached. Please do not leave any blanks.

In case of an emergency, if the parent/guardian cannot be contacted, please contact:

1st Contact Person:

Name: _____ Home Phone _____

Relationship: _____ Cell Phone _____

Work Phone _____

2nd Contact Person:

Name: _____ Home Phone _____

Relationship: _____ Cell Phone _____

Work Phone _____

3rd Contact Person:

Name: _____ Home Phone _____

Relationship: _____ Cell Phone _____

Work Phone _____

CHRIST CHURCH MOTHER'S DAY OUT
CONFIDENTIAL FAMILY INFORMATION
2018-2019 School Year

Please help us plan for your child's needs, understand concerns and responses, and support and encourage your child by providing the following information. This information will remain confidential, and we hope that you will update it when needed. Thanks!

Child's full name _____

Name child is called by _____

Sex _____ Date of Birth _____

Mother's Name _____

Home Address _____

Home Phone _____ Business Phone _____

Name of Father _____

Home Address _____

Home Phone _____ Business Phone _____

Marital Status of Parents: _____ Married, living together _____ Separated _____ Divorced

If divorced, please describe custody and visitation agreement for your child:

Names and ages of any siblings in your household:

Pediatrician/Doctor's Name: _____

Does your child have a pet? _____ Kind: _____ Name: _____

Have there been any births, deaths, adoptions or other changes in your family structure which affected your child? If so, please describe briefly what happened and the effect on your child:

What opportunities does your child have to play with other children?

_____ Neighborhood _____ Sunday School/Church _____ cousins/other family
_____ other classroom experiences _____ other

Does your child prefer to play alone? _____

What are your child's favorite play activities?

Does your child have imaginary playmates? If so, please list _____

What are your child's favorite indoor activities? _____

What are your child's favorite outdoor activities? _____

What fears does your child have, if any? How are they expressed?

What do you and your child enjoy doing together? _____

Please list your child's favorite toys, play equipment and books:

What are your child's favorite television programs? _____

How much sleep does your child require daily? _____

Does your child nap regularly? _____ Usual bedtime _____

Would you classify your child as a good _____ or poor _____ eater?

Does your child feed herself/himself entirely?

Describe your child's eating habits: _____ likes a lot of foods _____ eats only at mealtime _____ eats
only a few foods _____ snacks all day

Any special eating instructions for your child?

Does your child decide when he/she needs to go to the bathroom or does he/she need a reminder?

Does your child use special words to go to the bathroom? If so, please list:

What communicable diseases has your child had and when?

Chicken pox _____ Scarlet fever _____

Mumps _____ Measles _____ Impetigo

_____ Conjunctivitis (pink eye) _____

Other _____

Does your child have frequent _____ colds? _____ coughs?

Ear infections? _____ Tonsillitis? _____ High fever? _____

Upset stomach? _____ Seizures? _____ Convulsions? _____

Has your child had a serious illness, surgery or hospital stay? If so, please describe the condition and your child's reaction: _____

ALLERGIES:

Please list any allergies that your child may have: _____

Please list any daily medications that your child may take: _____

How are your child's allergies manifested? (hay fever, stomach upset, cough, other)

Describe your child's overall health:

CHRIST CHURCH MOTHER'S DAY OUT
OUTSIDE PLAY PERMISSION FORM
2018-2019 School Year

I DO HEREBY GIVE PERMISSION for my child

Name of child

to attend outside play during each week of the school calendar. During playground time, the children will be able to run and play, in a cordoned-off area in the church's courtyard. On some days the children may have the opportunity to play in a bounce house, participate in water day activities, or participate in a children's yoga class. I understand that if my child sustains any injury of any type during this time or at any time on the premises, that Christ Church and Christ Church Preschool will not be liable and will be held harmless of any wrongdoing whatsoever.

Dated this _____ day of _____,

Signed by Parent(s)/Guardian(s) For:

Name of Child

Print name

CHRIST CHURCH MOTHER'S DAY OUT
PARENT/CHILD ADDRESS DIRECTORY PERMISSION FORM
2018-2019 School Year

Please initial one of the following:

_____ I DO HEREBY give permission for my name, my child's name, picture, address, telephone number and my child's birthdate to be published in the Christ Church Mother's Day Out Program address directory that will only be given to members of Christ Church or the parents of Christ Church Mother's Day Out Program.

_____ I DO NOT give permission for my child's personal information or picture to be used in an address directory at this time.

Signature of Parent(s)/Guardian(s)

Date

Print Name

For: _____ Name of Child(ren)

CHRIST CHURCH MOTHER'S DAY OUT
RECEIPT OF PARENT DOCUMENTS
2018-2019 School Year

I HAVE **READ** and **EXECUTED** the following documents for my child's Preschool file:

1. Christ Church Mother's Day Out Enrollment Agreement.
2. Christ Church Mother's Day Out Emergency Contact Information Sheet.
3. Christ Church Mother's Day Out Parent/Child Address Directory Permission Form.
4. Christ Church Mother's Day Out Outside Play Permission Form.
5. Christ Church Mother's Day Out Parent Handbook Including Disciplinary Guidelines.
6. Christ Church Confidential Family Information Form.

I HAVE **RECEIVED** a copy of the following documents:

1. 2017-2018 Christ Church Mother's Day Out Parent Handbook.
2. 2017-2018 Christ Church Mother's Day Out Guidance and Discipline policy (which is included in the Mother's Day Out Parent's Guide and Handbook).

Dated this _____ day of _____.

Signature of Parent(s)/Guardian(s):

Print name _____