



## Application for Admission Mothers' Morning Out

A non-refundable registration fee of \$50.00 per child must be included with the application for enrollment.

Program desired: Monday/Wednesday \_\_\_\_ Tuesday/Thursday \_\_\_\_ Either \_\_\_\_ Both \_\_\_\_

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Home Phone # \_\_\_\_\_

*\*\*Children are eligible for enrollment from age 18 months through 3 years old.*

Email \_\_\_\_\_

Date of application \_\_\_\_\_ Desired date of enrollment \_\_\_\_\_

Are you currently attending a church? \_\_\_\_ If so, church name: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell # \_\_\_\_\_

Business address \_\_\_\_\_ Phone # \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell # \_\_\_\_\_

Business address \_\_\_\_\_ Phone # \_\_\_\_\_

Previous preschool attendance \_\_\_\_\_

Name, address & phone number of person who would assume responsibility for your child in an emergency if church is unable to contact parents:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone # \_\_\_\_\_

Address \_\_\_\_\_

Permission is granted to meet the needs of my child in case of emergency.

\_\_\_\_\_  
(signature of parent/guardian)

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The monthly tuition is \$85.00 per child and is due by the 10<sup>th</sup> of each month. The second child in the family is half price.

# Child's Health Record

Child's Name \_\_\_\_\_

Medical History:

Allergies (List all)

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Is there evidence of:

Hearing loss/difficulties: \_\_\_\_\_

Vision loss: \_\_\_\_\_

Speech difficulties: \_\_\_\_\_

List any serious illnesses:

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List any medications/drugs taken regularly by the child:

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Other remarks/information regarding physical condition:

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