

Child's First Name \_\_\_\_\_ Child's Last Name \_\_\_\_\_



## Mother's Day Out @ FBC Orange 2018-2019 Information Packet

### STUDENT INFORMATION

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sex M/F

Circle age child will be on Sept. 1, 2018: 18-23 mos. 2 yrs. 3 yrs. 4 yrs.

Does your child have a nickname? \_\_\_\_\_

Has your child been in a structured preschool program before? (If yes, please explain.) \_\_\_\_\_

Does your child have any special learning needs? (If yes, please explain.) \_\_\_\_\_

Does your child have any other medical conditions, challenges, or allergies?

Fears: \_\_\_\_\_

Foods: \_\_\_\_\_

Health: (such as asthma, seizures, etc.) \_\_\_\_\_

Other: \_\_\_\_\_

Does your child take a daytime nap? Y/N If yes, what time? \_\_\_\_\_

For preschoolers 3 years and older: Is your child fully potty trained? Y/N

### FAMILY INFORMATION

Mother's Name \_\_\_\_\_ Home # \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell # \_\_\_\_\_

Mother's Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Home # \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell # \_\_\_\_\_

Father's Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Church Member? Y/N If yes, where? \_\_\_\_\_



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Other Children in the family (Names & Ages):

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Other adults that live in home besides parents:

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

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

### EMERGENCY CONTACTS

Name \_\_\_\_\_ Cell # \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Cell # \_\_\_\_\_

Relationship to Child \_\_\_\_\_

### Medical/Liability Emergency Treatment Release

I hereby authorize the staff of First Baptist Church Orange and Journeyland Mother's Day Out to obtain emergency medical treatment to be rendered to the minor named above, should that be deemed necessary. I forever discharge and agree to hold harmless First Baptist Church Orange, Journeyland Mother's Day Out, and the leadership, director, and teachers thereof from any and all liability, claims, or demands for personal injury, sickness or fatality, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the program.

Furthermore, I hereby assume all risk of personal injury, sickness, fatality, damage and expense as a result of participation in the program.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

### PAYMENT INFORMATION

- The **Non-Refundable** \$75 Registration fee is payable at the time a completed registration is submitted.
- The \$60 Supply fee is due by first day of school.
- Monthly tuition: \$135/month; \$125/month/sibling
  
- There are NO make-up days for days missed or cancelled.
- Children not picked up by 2:00 PM will be left in the Director's care. Parents/guardians of these children will be subject to a late fee of \$5.00 for every five minutes.

Conditions of Enrollment: All tuition must be paid monthly by the 10<sup>th</sup> of each month in order to avoid a late fee, unless alternative arrangements have been made with the office.



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Any irreconcilable differences between parents and the program guidelines/restrictions may result in relinquishment of a position within the program. Please note that any changes to classroom assignments are subject to availability.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

### PHOTO RELEASE FORM

At MDO, we take many pictures. Mostly we take pictures for display on our classroom walls and our parents' personal use. In the age of the internet, we may use a closed Facebook page, and, occasionally, we would like to post photos on it. We need each parent to accept or decline what we can do with pictures of their child/children. Please read each description and initial each one if you accept or decline.

1. I grant to FBCO MDO the right to take photographs of my child/children and my family in connection with their childcare experiences at the facility and on outings or field trips to be given to me (EX: photos, gifts, crafts, class books).

Accept \_\_\_\_\_ Decline \_\_\_\_\_

2. I agree that FBCO MDO may use such photographs of my child/children without names for any lawful purpose, including for such purposes as publicity, illustration, advertising, and Web content (ex. Website, closed Facebook group, MDO bulletin boards).

Accept \_\_\_\_\_ Decline \_\_\_\_\_

I do not wish to have my child/children photographed for any reason.

I understand that this Release will be in effect as long as my child/children are enrolled in FBCO MDO, unless I request and fill out a new form.

I have read, initialed and understand the above:

Signature of Parent or Legal Guardian \_\_\_\_\_

Printed name of Parent or Legal Guardian \_\_\_\_\_

Name of Child \_\_\_\_\_ Date \_\_\_\_\_



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**Security Information**

Give full names of ALL adults authorized to pick up your child. Please understand the individuals listed below are the only individuals that your child will be released to. They may need their identification for verification. If the child resists leaving with any person, FBCO Journeyland Mother's Day Out reserves the right to seek further verification before releasing the child.

Parent(s) or Guardian(s): \_\_\_\_\_

Phone # \_\_\_\_\_

Others:

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name \_\_\_\_\_

Phone # \_\_\_\_\_

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