



**FIRST BAPTIST
CHURCH
FORT MILL**

Application for Admission Mother's Morning Out

A non-refundable registration fee of \$35.00 per child must be included with the application for enrollment.

Program desired:

Young 1s- 3s (Monday/Wednesday) _____ (Tuesday/Thursday) _____ (Either) _____
Pk-4 Three days (Tues/Wed/Thurs) _____ PK-4 Four days (Mon/Tues/Wed/Thurs) _____

Child's Name: _____ Goes by: _____

Address: _____ City _____ Zip _____

Birthdate _____ Gender _____ Phone # _____

***Children are eligible for enrollment from age 12 months through 4 years old by September 1 of current MMO year.*

Student lives with: mother father both guardian other _____

Names and ages of siblings living in household: _____

Email _____ Additional Email _____
(Print Clearly)

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

Father's Name: _____ Cell # _____

Mother's Name: _____ Cell # _____

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 _____

Phone # _____

Address _____

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

(Signature of parent/guardian)

Date of Application _____

The monthly tuition per child (2 days Mon/Wed or Tues/Thurs Young 1s) \$100, (2 days Mon/Wed or Tues/Thurs Older 1s-3s) \$90, Pk-4 (3 days/week) \$130, Pk-4 (4 days/week) \$170. Tuition is due by the 10th of each month. The younger child in the family receives a sibling discount except for Younger 1s class.

Child's Health Record

Child's Name _____

Medical History:

Allergies (List all)

Is there evidence of:

Hearing loss/difficulties: _____

Vision loss: _____

Speech difficulties: _____

List any serious illnesses:

List any medications/drugs taken regularly by the child:

List any concerns/information regarding physical disability/developmental/emotional/behavioral needs: *(Full disclosure and updates will help us as we care for him/her.)*

List any special services your child is receiving _____