



**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 Young 1s)\$95, (2 days Tues/Thurs Young 1s)\$100, (2 days Mon/Wed Older 1s-3s)\$85, (2 days Tues/Thurs Older 1s-3s)\$90, Pk-4 (3 days/week)\$130, Pk-4 (4 days/week)\$170. Tuition is due by the 10<sup>th</sup> 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)

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

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List any special services your child is receiving \_\_\_\_\_