



New Hope Fellowship  
Mother's Day Out  
Registration Form 2019-2020



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

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Are you an active member of a local Church? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Church name \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Business Phone \_\_\_\_\_ Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Business Phone \_\_\_\_\_ Email \_\_\_\_\_

Parents Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

Person with whom child resides \_\_\_\_\_

Custody/Visiting Arrangements \_\_\_\_\_

Other Children in the Family:

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

**AUTHORIZATION FOR PICK UP**

List all other adults who are authorized to pick up your child from Mother’s Day Out

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

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

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

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

**EMERGENCY CONTACT/MEDICAL INFORMATION**

Emergency Contact \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Cell or Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Special medical conditions or needs \_\_\_\_\_

Any dietary restrictions \_\_\_\_\_

Any other pertinent medical history \_\_\_\_\_

\_\_\_\_\_

\* Each child will need to have a current copy of their Immunization Record on file.

**EMERGENCY RELEASE**

In the unlikely circumstance that my child may need medical attention or emergency medical treatment and I cannot be reached, New Hope Fellowship Mother’s Day Out staff has my consent to seek any treatment deemed necessary by a licensed physician.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Date \_\_\_\_\_

# New Hope Fellowship Mother's Day Out Program

## **Annual Registration/Supply Fee: \$50.00**

(Registration and Supply Fees are due upon application to hold a spot. They are non-refundable)

## **Schedule**

- Mondays and Wednesdays from 9:00 AM – 2:00 PM
- Please do not drop your child off before 9:00 AM, even if your child's teacher is present. This is time for teachers to prepare their classrooms for the day.
- We will be closed for Springdale Public School Holidays and snow days

## **MDO Tuition Breakdown**

Two Days per Week (Monday & Wednesday)      \$50.00 per child

## **Payments**

- All tuition fees are due by the 15<sup>th</sup> of each month.
- You will be charged for each day of your child's reservation regardless of attendance.
- We are NOT a money making facility. Our M.D.O program is a ministry and we seek only to cover our payroll and supply costs. Because of this we cannot carry a balance on your account.
- If you need to change your reservation time for the day, please notify your child's teacher BEFORE you leave your child.

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

Office Use Only

Date of Admission: \_\_\_\_\_

Amount Paid: \_\_\_\_\_