



MOTHER'S DAY OUT ENROLLMENT FORM

REGISTRATION FEE:

(Non-Refundable, Non-Transferable, One-time annual fee)

\$130 per child in the 1's, 2's, and 3's class

\$150 per child in the Pre-K classes

Children are enrolled according to their age as of Sept.1st.

ALL CHILDREN IN THE 3'S AND PRE-K CLASSES MUST BE POTTY TRAINED

MONTHLY TUITION:

\$175 per child

\$50 discount per each additional child (must be siblings)

PIZZA DAYS:

Optional: One-time fee of \$70 per year payable at Meet the Teacher (includes pizza/chips/dessert/drink twice a month for the school year).

KEY LIFE MOTHER'S DAY OUT T-SHIRT

Optional: \$15 per T-shirt payable at Meet the Teacher

OFFICE USE ONLY

CHILD'S NAME _____ M OR F

EXACT AGE AS OF SEPT.1, 2024 _____ BIRTHDAY _____

SIBLINGS/AGES IN OUR MINISTRY _____

CHURCH HOME _____

REGISTRATION _____ AUTO DRAFT _____

ALLERGIES _____

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Child's Name _____ Birthday _____ M or F

Address _____

City _____ State _____ Zip _____

Child lives with _____

Other children in our MDO MINISTRY? _____ Names/ages _____

Does your family have a church home? _____ Name _____

Do you give permission for your child to be photographed for classroom purposes? YES or NO

Does your child have any medical conditions that we should know about?

YES or NO

Please list _____

Does your child have any allergies, including food allergies? YES or NO

Please list _____

Father's Name _____ Number _____

Email _____ Occupation _____

Mother's Name _____ Number _____

Email _____ Occupation _____

In case of an emergency and you cannot be reached, please list names of individuals for us to contact.

Name _____ Number _____ Relationship _____

Name _____ Number _____ Relationship _____

List ALL people authorized to pick up your child other than yourself.

Signature of parent/legal guardian _____ Date _____

EMERGENCY MEDICAL RELEASE AND AUTHORIZATION TO SEEK MEDICAL CARE

Child's Name_____

Date of Birth_____

In the event that an emergency occurs, and I cannot be reached to plan for emergency medical attention, I authorize Key Life Fellowship staff to take my child to an Emergency Room for medical care.

I hereby give consent for this facility to secure any, and all necessary emergency medical care for my child. I also authorize Key Life Fellowship staff to call 911 for transport if necessary.

Primary Physician_____Number_____

Insurance Name/Number/Policy

Number_____

Special Instructions/Allergies_____

I give consent for an, and all treatment deemed necessary by the attending physician.

Signature of Parent/

Guardian_____Date_____

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Handbook Receipt

2024-2025

I have read and agree to the policies in the Key Life Fellowship Mother's Day Out handbook.

Students Name _____

Parent/Guardian Signature_____

Date _____

KEY LIFE FELLOWSHIP MOTHER'S DAY OUT
CREDIT CARD AUTHORIZATION FORM
2024-2025

Parent's Last Name _____

Child's Name _____ Age _____

Child's Name _____ Age _____

Child's Name _____ Age _____

Cardholder's Name _____

Card Type & Number _____

Expiration Date _____ Three/Four Digit AVS Code _____

Zip code _____ Phone Number _____

Email _____

I authorize Key Life Fellowship Church (Mother's Day Out Program) to pay my child(ren)'s monthly tuition using my credit card monthly when tuition is due.

Initial _____

I understand and agree that I am giving Key Life Fellowship Church authority to charge my above card every month for the above programs. I'm aware that I must give notice by the 25th of the month to avoid being charged for the above programs if enrollment changes.

Initial _____

All payments will be processed on the 1st of every month.

Signature _____ Date _____

This information will be kept secure. Notice must be given in order to STOP auto payments.