



2020-2021 Enrollment Form

Mother's Day Out: Tuesday & Thursday Program

Name of Child: _____ Male / Female (please circle)
Child's Birthdate (MM/DD/YY) _____ Age in Sept _____ years _____ months
Address/City/State/Zip _____

Mother's name: _____ Mother's Occupation: _____
Email: _____
Mother's cell #: _____ work #: _____
Address if different than child _____

Father's name: _____ Father's Occupation: _____
Email: _____
Father's cell #: _____ work #: _____
Address if different than child _____

Are you interested in MDO adding a Wednesday class day to the schedule at some point this year? Yes or No

Child's Doctor: _____
Doctor's Address: _____ Phone #: _____
Please list any allergies: _____
Please list any existing medical conditions, medications, and/or special attention your child may require?

Emergency Contacts & Authorized Pickup Persons:

Name _____
Phone Number _____
Relationship to Child _____

Name _____
Phone Number _____
Relationship to Child _____

Name _____
Phone Number _____
Relationship to Child _____

Name _____
Phone Number _____
Relationship to Child _____

Does your child have someone who CANNOT pick them up? Yes or No (please circle)
If yes, please see Director.

Parents Signature: _____ Date: _____