

First Baptist Church
 Mother's Day Out Program
 210 S. Morgan Avenue
 Broussard, LA 70518
 (337) 837-1112 FAX: (337) 837-3728
 Lisa Ledet, Director

2019-2020 Registration

Child's Name: _____ Birthdate: _____ Sex: _____

	Mother	Father
Name		
Street Address		
City, State, ZIP		
Phone #		
Email Address		
Employer		
Work Phone #		

Parents' Relationship to Each Other: Married Divorced Separated Single
 (If divorced, a copy of the Divorce Decree noting guardianship, days of visitation, etc., must accompany this form.)

Child lives with (please check all that apply): Mother and Father Mother Father Other
 If other, please describe _____.

Please check preferred days: Monday _____ Tuesday _____ Wednesday _____ Thursday _____

Registration Fee (Non-refundable): \$75.00

Monthly Tuition: 2 days per week - \$185.00 / 3 days per week - \$245.00 / 4 days per week - \$295.00

Curriculum Fees: 2 year olds - \$40.00 / 3 year olds - \$50.00 / 4 year olds - \$70.00

Optional Information: Family Religious Preference _____

Church Membership _____

How did you find out about our program? _____

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I understand that my child will only be released to the parents listed on the front of this form and to the individuals listed below. I understand that this list can be updated as needed throughout the school year. Individuals listed will be required to show identification. **THESE INDIVIDUALS MAY ALSO BE CONTACTED IN CASE OF AN EMERGENCY IF WE ARE UNABLE TO CONTACT PARENTS.**

I authorize that my child, _____, be released by the First Baptist Church Mother's Day Out Program to the following individuals:

Name	Relationship to Child	Phone Number

For the following questions, please briefly explain "Yes" answers in the space provided.

Does your child have any food allergies? Yes No _____

Does your child have any dietary restrictions? Yes No _____

Does your child have any other allergies? Yes No _____

Does your child have any medical conditions? Yes No _____

Child's Doctor: _____ Doctor's Phone #: _____

Child's Dentist: _____ Dentist's Phone #: _____

I authorize First Baptist Church Mother's Day Out Program to secure emergency medical treatment for my child.

Parent's Signature: _____ Date: _____

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