

# Mother's Day Out Registration

A Ministry of First Baptist Church Prairie Grove

Registration Fee and Immunization Records are to be submitted with this form

## Child Information

Today's Date \_\_\_\_\_

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Family Information

Parents are: Married      Separated      Divorced

Custody of the Child is with: \_\_\_\_\_

Are there court documents attached to this file? \_\_\_\_\_

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

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell \_\_\_\_\_ Other \_\_\_\_\_

Email Address \_\_\_\_\_

Name of Employer \_\_\_\_\_

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

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell \_\_\_\_\_ Other \_\_\_\_\_

Email Address \_\_\_\_\_

Name of Employer \_\_\_\_\_

### Other Children in the family:

Name _____	Age _____
Name _____	Age _____
Name _____	Age _____
Name _____	Age _____

Has Child attended MDO or Day Care in the past? \_\_\_\_\_

Name of School \_\_\_\_\_

### Emergency Information

Name and number of relative or friend to contact in case of an emergency:

Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____

### Release Information

Other than parent/guardian listed, I hereby authorize MDO to allow my child to leave ONLY with the following persons:

Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____

### Financial Information

1. Present Tuition Charges: \$25.00 daily
2. An annual enrollment fee of \$50.00 must be paid at the time of enrollment/reenrollment.
3. Payment is on the 1st Tuesday of the month. (See Handbook) Payment is late if not received in the office by the close of 1st Tuesday of the month.
4. LATE FEE: A late fee of \$10.00 will be assessed for all late payments. (See Handbook) This amount will be added to your account, and must be paid for your child to remain enrolled in Mother's Day Out.
6. You are obligated to pay, even if your child is absent. If your account is not paid in full by the end of the month, your child will be dropped from the program. To re-

enroll, you will need to pay a new registration fee and all past due amounts. If space is not available, your child will be placed on the waiting list.

### Acknowledgement

Enrollment information on this form has been provided by:

---

(Print name and relationship to child)

---

(Signature of Parent or Guardian)

---

(Date)

## Medical Information

Child's Name: \_\_\_\_\_ Child's DOB \_\_\_\_\_

## Immunization Record

*Please provide a copy of child's immunization record from PCP*

Existing Illness: \_\_\_\_\_

Previous Serious Illness and Injuries: \_\_\_\_\_

Medication Prescribed for Long Term Use: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Hospitalizations within the Last 12 Months: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Medicine Allergies: \_\_\_\_\_

Environmental Allergies: \_\_\_\_\_

Doctor to call in case of an emergency: \_\_\_\_\_

Doctors Address: \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_

## Parental Authorization for Medical Care

In case medical attention is needed for my child and neither parent can be reached by phone, I authorize the First Baptist Church staff to take whatever emergency medical measures deemed necessary for the protection of my child while he/she is in their care. I understand that this authorization may include calling the physician named above, implementing his instructions, and transporting my child to a hospital or clinic without first obtaining my consent. I will not hold the staff liable for any accident or injury to the child while he/she is at the center, provided any such accident or injury is not caused by the staff's negligence or willful acts.

\_\_\_\_\_  
*Signature of parent or guardian*

\_\_\_\_\_  
*Date*

## Payment Agreement

I agree to pay the First Baptist Church Mother's Day Out in ADVANCE on a MONTHLY BASIS. I understand that late fees will be assessed at the close of the business day on the 1st Tuesday of the month for all accounts not paid timely.

LATE FEES will be assessed for all accounts not paid timely. \$10.00 per child will be added to all past due accounts. All late accounts must be paid in full in a timely manner. If not paid timely, at the close of the month your child will be dropped from the program. To re-enroll, you must pay a new registration fee and all past due balances.

### LATE PICK-UP POLICY

It is imperative that you pick up your child on a timely basis. Mother's Day Out closes at 2:00 p.m. If you are later than 2:00 p.m., a Late Pick Up Fee will be assessed. There is a charge of \$5.00, and \$5.00 for each five minutes thereafter. No Exceptions.

The registration fee is expected at the time of enrollment. When you turn in your enrollment package, you must pay the full amount of the registration fee to ensure your spot in the First Baptist Church Mother's Day Out Program. Child/Children (names & age):

Name(s)

Age(s)

_____	_____
_____	_____
_____	_____

I have read and understand the First Baptist Church Mother's Day Out policies. I agree to abide by the Mother's Day Out policies. I understand that if my child's account becomes past due, it may result in dismissal from the Mother's Day Out Program.

Parent/Guardian (signature): \_\_\_\_\_

Date: \_\_\_\_\_

## Information for the Teacher

This page is to be copied for the teacher. Please completely fill out the release information.

All About \_\_\_\_\_ Date \_\_\_\_\_  
(child's name)

My nickname is \_\_\_\_\_

My birthday is \_\_\_\_\_

My father's name is \_\_\_\_\_

My mother's name is \_\_\_\_\_

I live with \_\_\_\_\_

I do / do not have siblings. Their names and ages are: \_\_\_\_\_

I am / am not adopted. (Is the child aware? Yes / No )

My favorite pastime is \_\_\_\_\_

My favorite toys are \_\_\_\_\_

My babysitter is \_\_\_\_\_

My pet is a \_\_\_\_\_ named \_\_\_\_\_

I am afraid of \_\_\_\_\_

## ALLERGIES

I am allergic to: \_\_\_\_\_

This is what happens when I am allergic to something: \_\_\_\_\_

\_\_\_\_\_

# DISCIPLINE POLICY

When a child is not obeying or is disrupting the class, the following steps of discipline will be taken.

1. The child is talked with privately by the teacher to make sure he/she understands the rules for proper classroom behavior.
2. If improper behavior persists, the child is separated from the other children and must sit in a chair away from the other activities. This will allow the child some time to think about his/her actions and to adjust their behavior.
3. If improper behavior still persists, the child will be sent to the director's office for "time-out". The director will talk with the child, assuring them of our love, but also that their behavior must improve; otherwise, their parent will be consulted. After a "time out", the child will be returned to the classroom.
4. If improper behavior persists after this point, the parent will be consulted by the director to enlist their assistance in guiding the child. The situation will be discussed privately and quietly with the parent.
5. If all efforts have been made to correct negative behavior by parents and teachers, and a child's behavior is a safety or emotional threat to the other children, the child will be dismissed from the program.

Very seldom are all of these steps of discipline necessary, but they will be carried out if needed so that the child and the whole class can have a happy, productive experience.

## WAYS WE DO NOT DISCIPLINE:

1. WE DO NOT spank.
2. WE DO NOT use sarcasm or ridicule.
3. WE DO NOT discipline children before others in the room.

\*All director-involved discipline is documented in the child's file.

## AGGRESSIVE AND/OR ABUSIVE BEHAVIOR TOWARD OTHERS (i.e. HITTING, PUNCHING, KICKING, BITING, etc.) WILL NOT BE TOLERATED.

Any child behaving in such a manner will be immediately brought to the director and the parent will be notified. The director will work with the parent to guide the child and correct the negative behavior. However, if such behavior is repeated after director/parent/child consultation, the child will be removed from the program. This policy

normally applies to children age three and older. This behavior in children two and younger is usually corrected quickly and easily through redirection and discussion.

My signature verifies that I have received a copy of this discipline and guidance policy.

---

Signature

---

Date