

Child's Name _____
First Middle Last

Birth Date _____ Age as of **Sept. 1, 2020** _____ yrs. _____ mos.

Home Address _____

City _____ Zip _____

Email _____

Home Phone _____

Mother's Name _____

Place of Work _____

Cell Phone _____ Work Phone _____

Father's Name _____

Place of Work _____

Cell Phone _____ Work Phone _____

Preferred phone number during school hours _____

Church Affiliation _____

Siblings: Name _____ Age _____

CHECK OUT/EMERGENCY CONTACT INFORMATION:

Persons to be contacted in case of emergency if parents cannot be reached: (Must be someone **local** who can pick up your child)

1.) Name _____

Phone Number _____ Relationship _____

2.) Name _____

Phone Number _____ Relationship _____

3.) Name _____

Phone Number _____ Relationship _____

Please note: a driver's license or photo I.D. will be required to pick up a child.

Office Use Only:

Class times 8:30—2:30.

____ Kangaroo (5 mo. – 12 mo.)
____ M-F ____ M/T/Th ____ W/F

____ Bunny (13 mo. – 21 mo.)
____ M-F ____ M/T/Th ____ W/F

____ Bear (22 mo. – 28 mo.)
____ M-F ____ M/T/Th ____ W/F

____ Tiger (29 mo. – 35 mo.)
____ M-F ____ M/T/Th ____ W/F

____ Duck (36 mo. – 47 mo.)
____ M-F ____ M/T/Th ____ W/F

____ Frog (36 mo. – 47 mo.)
____ M-F ____ M/T/Th ____ W/F

Extended Care (2:30-5:30)

____ M ____ T ____ W ____ Th ____ F

Class times 8:30—12:00 M-F

____ Stepping Stones P-K4 (48 mo. and up)

Lunch Bunch (12:00-2:30)

____ M ____ T ____ W ____ Th ____ F

Extended Care 12:00-5:30

____ M ____ T ____ W ____ Th ____ F

____ **Early Care 7:15-8:30 a.m. (\$35 mo.)**
(for all ages)

____ Paid Registration Fee (\$115)
(Non-refundable)

____ Date Enrolled

HEALTH INFORMATION:

Allergies: _____

Other medical conditions of which we should be aware: _____

Child's Doctor _____ Phone number _____

My child has permission to be given minor first aid. _____ YES _____ NO

In the event that none of the persons listed on this registration form can be reached at the time of an illness or accident, I, _____, as the parent or guardian of _____ who is a minor child enrolled in either Mom's Day Out or Stepping Stones Preschool at First United Methodist Church, Enterprise, AL, authorize the Director or teacher of the Mom's Day Out Program and Stepping Stones Preschool to take my child, _____, to a medical facility for emergency treatment. I give my consent for any and all necessary treatment when my child is in this individual's care.

Parent/Guardian Signature

Date

Please place a check mark by the items below to indicate agreement, fill in any blanks and sign at the bottom.

____ I, _____, give permission for my child _____'s picture to be printed in the newspaper and/or face book should the opportunity present itself.

____ I, _____, give permission for my child, _____, to walk to the Enterprise Library on a monthly basis. (Applicable only for Mom's Day Out 3s and Stepping Stones Preschool.)

Parent/Guardian Signature

Date

Items needed to complete registration:

- Non-refundable registration fee \$115.00 due at time of registration
- * Notarized form indicating your understanding that we are exempt from state regulations regarding child care programs
- * Up to date Alabama shot record.
- * Child Medical Report

* Due August 1st