



112 Adams Street • PO Box 555 • Greenville, AL 36037
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2025-2026 Registration Form

PERSONAL INFORMATION

Child's Full Name: _____ Today's Date: _____
Date of Birth: _____ Age: _____ Gender: _____ Preferred Name: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Best Contact Person: _____ Phone Number: _____
Special concerns/allergies, medical conditions, etc. _____
Emergency Contact _____ Phone Number: _____
Pediatrician: _____ Phone Number: _____
Hospital Preference: _____

CAREGIVER INFORMATION

Mother's Name: _____ Phone Number: _____
Home Address (if different from above): _____
Mother's Employer: _____ Work Number: _____
Mother's Email: _____
Father's Name: _____ Phone Number: _____
Home Address (if different from above): _____
Father's Employer: _____ Work Number: _____
Father's Email: _____

CLASS ENROLLMENT/ 8:30 A.M.-12:30 P.M.

☐ 2 DAY PROGRAM	Monday & Friday	\$160.00/month	☐ 7-13 months	☐ 14 mo.-2 years	☐ 2-3 years	☐ 3-4 yrs.
☐ 3 DAY PROGRAM	Tuesday-Thursday	\$190.00/month	☐ 7-13 months	☐ 14 mo.-2 years	☐ 2-3 years	☐ 3-4 yrs.
☐ 5 DAY PROGRAM	Monday-Friday	\$300.00/month	☐ 7-13 months	☐ 14 mo.-2 years	☐ 2-3 years	☐ 3-4 yrs.

AFTER SCHOOL CARE 12:30-2:00 P.M.

☐ 2 DAY PROGRAM	Monday & Friday	\$50.00/month
☐ 3 DAY PROGRAM	Tuesday-Thursday	\$70.00/month
☐ 5 DAY PROGRAM	Monday-Friday	\$100.00/month

TOTAL MONTHLY TUITION

= \$210.00/month	☐
= \$260.00/month	☐
= \$400.00/month	☐

YEARLY FEES

Registration \$50.00	☐
Snack Fee \$50.00 (14mo.+)	☐
Early Registration \$30.00	☐
(March 1st-10th)	

*All After Care Hours & Rates are pending at this time.
Only regulars (8:30-12:30) are offered until further notice.*

PLEASE TURN OVER »

CHILD PICK UP AUTHORIZATION

Please list the names of people who have your permission to pick up your child from Mother's Day Out:

Name: _____ Phone #: _____ Relation: _____

Name: _____ Phone #: _____ Relation: _____

Name: _____ Phone #: _____ Relation: _____

SIBLINGS

If your child has any siblings, please list their names and ages:

Name: _____ Age: _____

Name: _____ Age: _____

CHURCH YOU ATTEND

Name of Church: _____

Attend Sunday School? ☐ YES ☐ NO

PARENT AGREEMENT

To ensure that policies and procedures are clearly understood, we ask all parents to carefully read our handbook. Upon completion of the handbook, please initial each of the following important items:

_____ 1. I acknowledge I have received a copy of the FMC's **Mother's Day Out Parent Handbook**. I understand it is my responsibility to read, understand, and comply with all standards set forth in the handbook. I understand that failure to do so could result in the termination of my child's position in the program.

_____ 2. I have read and understood the **Health & Safety Guidelines** on pages 7-8.

_____ 3. Registration for each child is a commitment of enrollment for the entire school year (August—May).

_____ 4. A **\$50.00 Non-refundable Registration Fee** (per child) is due at acceptance.

_____ 5. **Tuition** is due by the 1st of the month. After the 10th, a **late fee** of \$15.00 will be added.

_____ 6. There is no reduction in fees for absence, vacation, or inclement weather closings.

_____ 7. A written 2-weeks (14 days) notice is required of all children withdrawing from the program. Without notice, parents will be responsible for the payment of one month's tuition. (You may obtain a **Withdrawal Form** in the office.)

_____ 8. Carpool drop-off is at 8:30 a.m.; pickup begins at 12:10 and ends at 12:30 p.m. There is a **\$5.00 late fee** per five minutes if after hours.

_____ 9. Sick children must be kept at home and may not return to school until free of fever, diarrhea, vomiting or other contagious illness for 24 hours.

_____ 10. Parents should contact MDO of any changes in address, phone number, pick-up, or changes in family situations.

_____ 11. Do you give permission for your child to be in **photographs** at our daycare? ☐ YES ☐ NO

_____ 12. Do you give permission for your child to be in **photos on our website**? ☐ YES ☐ NO

I have read and agree to abide by these rules and regulations.

Child's Name: _____ Date: _____

Parent/Guardian: _____

(Please Print)

(Signature)