



A MINISTRY OF FIRST METHODIST CHURCH

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# SUMMER 2026: Registration Form

June 2nd—July 30th

3 Day Program: Tuesday-Thursday

- Registration Fee: \$20.00 (Non-Refundable)
- Snack Fee: \$20.00 (Non-Refundable)
- \$200/month (Due by June 1st and July 1st, late after 10th)

**Check One:**  RETURNING STUDENT (You may fill out the **YELLOW HIGHLIGHTED** sections or areas in need of updating.)  
 NEW STUDENT (Please fill out the entire form.)

## PERSONAL INFORMATION

Child's Full Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number: \_\_\_\_\_

INFORMATION BELOW IS THE SAME.

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

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

Best Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Special concerns/allergies, medical conditions, etc. \_\_\_\_\_

Pediatrician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

## CAREGIVER INFORMATION

INFORMATION BELOW IS THE SAME.

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: \_\_\_\_\_

## MONTHLY TUITION

- 3 DAY PROGRAM Tuesday-Thursday \$200.00/June
  - 3 DAY PROGRAM Tuesday-Thursday \$200.00/July
- (Due by June 1st and July 1st, \$15.00 late after 10th)

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

- 7-13 months
- 14 mo.-2 years
- 2-3 years
- 3-4 yrs.

## AFTER SCHOOL CHILDCARE OPTIONS

Contact the MDO Director for more childcare options.

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: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

## 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 summer**. (June & July)

\_\_\_\_\_ 4. A \$20.00 **Non-refundable** Registration Fee and \$20.00 Snack 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.; **Pick-up** 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)