

Freedom Fellowship Church Mother's Day Out Registration Form

*All MDO Classes are 9:00am-1:30PM

*Monthly tuition is due by the 5th of each month.

*Registration Fees for the Year: \$160

*Supply Fees: \$50 for two days a week or \$110 for 3 days a week

*All fees are due at time of registration

Child's Full Name: _____

Child's Date of Birth: _____

Address: _____

Please indicate which age group your child is in as of 9/1/2021:

____ 12 mos-23 mos ____ 2 years ____ 3 years ____ 4 years

If your child is in the 3 or 4 year old class please indicate how many days a week you would like your child to attend:

____ 2 days a week (Tuesday/Thursday) ____ 3 days a week (Tuesday, Wednesday, & Thursday)

Parent/Guardian #1:

Name: _____

Cell Phone #: _____ Work #: _____

Email: _____

Parent/Guardian #2:

Name: _____

Cell Phone #: _____ Work #: _____

Email: _____

Emergency Contact (Other than Parent/Guardian):

Name: _____ Phone #: _____

Relationship to Child: _____

Child's Doctor: _____ Phone #: _____

Special Needs Your Child May Have: _____

Allergies: _____

Potty Trained? Y N *3 and 4 year old classes must be potty trained

Please list names and ages of any other children living at home with the child:

Signature Release

Permission/Release to Participate in School Activities & Receive Medical Care:

I, being the legal guardian of _____ hereby grant permission for my child to use all play equipment and participate in all activities/events related to the school. In addition, I assume all risk of injury or harm to child associated with participation in the Mother's Day Out program and agree to release, discharge and hold harmless Freedom Fellowship Church, New Braunfels, Texas of and liability, claims or demands for personal injury, sickness, or death, as well as property expenses.

Furthermore, I being the legal guardian of _____ hereby grant permission for a staff member of Freedom Fellowship Church to take any steps necessary to seek, obtain, and consent, for medical care if warranted.

Parent Signature: _____

Date: _____

Media Release: (Optional)

I, the parent or guardian of _____, give permission to use, publish or disclose media materials on which I or my child appear. I understand that a copy of this release will be kept on file at Freedom Fellowship Church.

Parent or Guardian's Signature: _____

Date: _____

OFFICE USE ONLY:

Date Rcvd:

Supply Fee:

Y N

Registration Fee:

Y N

Financial Policy:

Fees and tuition are non-refundable. Classes are planned based upon enrollment and all fees are used towards classroom resources to make this program the best it can be for your child. Please sign below to show that you understand this policy. I understand that my payments for MDO are non-refundable.

Parent/Guardian Signature: _____

Date: _____