



Child's Name: _____ Male: _____ Female: _____

Address: _____

City: _____ State: _____ Zip: _____

What name does your child prefer to be called? _____

Birth date: _____ Age: _____ (as of Sept 1, 2016)

Select, which program you prefer:

2 to 11 months - Infant class	_____ Two days (T,TH)	_____ Three days (T,W,TH)
One-year old class	_____ Two days (T,TH)	_____ Three days (T,W,TH)
Two-year-old class	_____ Two days (T,TH)	_____ Three days (T,W,TH)
Three-year-old class	_____ Two days (T,TH)	_____ Three days (T,W,TH)

Mom's name:	Dad's name:
Cell phone:	Cell phone:
Email:	Email:
Occupation:	Occupation:
Work phone:	Work phone:
Address (if different):	Address (if different):

Local emergency contacts and phone numbers if we are unable to reach parents:

Name:	Phone number:	Relationship:
Name:	Phone number:	Relationship:

List of those allowed to pick up your children (Photo ID will be required):

_____	_____
_____	_____
_____	_____

List any allergies or special needs for your child:

In case of a medical emergency:

Doctor: _____ Telephone Number: _____

Insurance Name: _____ Policy Number: _____

Insurance Telephone Number: _____

Permission is granted to meet the needs of my child in case of an emergency.

Parent's Signature: _____ Date _____

I understand that acceptance of this enrollment form and the registration fee of \$100.00 assures my child a place in Mother's Morning Out for the 2017-2018 school year, subject to the rules and regulations of the program. I have read the policy statement and am in agreement. I understand that should I decide not to send my child to MMO the registration fee is non-refundable. I also understand that once school has started and I chose to release my spot, I will be responsible for the remaining year of tuition.

I do___/do not___ give my permission for my child to be photographed during activities at MMO and be posted to Facebook, Instagram or be used for promotional materials.

Parent's Signature: _____ Date: _____

For office use only:

Date Received: _____

Immunization Records _____

Reg. Fee _____

Accepted _____

Waiting list _____