



Date Enrolled _____

Session: Summer _____

Fall/Spring: _____

Registration Fee Paid:

Summer _____

Fall/Spring: _____

Check # _____

Mother's Day Out ENROLLMENT FORM

Child's Name _____ Birthdate _____ Sex _____

Address _____ City _____ Zip _____

Parents' Relationship to Each Other:

Married Divorced Separated Single

Child lives with _____

Father's Name _____ Birthdate _____

Cell # _____ Email Address _____

Occupation _____ Employer _____ Work Phone _____

Mother's Name _____ Birthdate _____

Cell # _____ Email Address _____

Occupation _____ Employer _____ Work Phone _____

Family religious preference _____ Church Membership _____

I give permission for my child to be photographed for classroom purposes

**In case of an emergency and you cannot be reached,
please list names of individuals for us to contact.**

Name: _____ Phone#: _____ Relationship: _____

Name: _____ Phone#: _____ Relationship: _____

Please list all persons authorized to pick up your child other than yourself.

Name: _____ Phone#: _____ Relationship: _____

Name: _____ Phone#: _____ Relationship: _____

Emergency Medical Release

Child's Name _____

Date of Birth _____

Please attach a completed immunization form according to state health requirements.

Is your child free from communicable disease? ____ yes ____ no

Is your child able to participate in group care? ____ yes ____ no

List any medications and drugs taken regularly by your child: _____

In the event that I cannot be reached to make arrangements for emergency medical attention. I authorize Kingwood First Baptist Church Mother's Day Out Program staff to take my child to an Emergency Room for medical care.

Doctor's Name _____ **Phone #** _____

Address _____ **City** _____ **State** _____

Special Instructions/Allergies _____

I give consent for any and all treatment deemed necessary by the attending physician.

(Signature of Parent/Guardian)

Date

State of _____ County of _____

This instrument was acknowledged before me on _____.

(Notary Seal or Stamp)

(Signature of Notary Public)

Mother's Day Out
Classroom Information Sheet

Child's Name: _____ Sex: _____
Child's Address: _____ Zip _____
Primary Phone Number: _____ Date of Birth: _____
Primary Email: _____
Mother's Name: _____
Father's Name: _____
Child Lives With: _____ Siblings: _____
Child's Fears: _____
Eating Habits: _____
Toilet Training Status: _____
Nap Habits: _____
Favorite Activities: _____ Pets: _____
Allergies: _____ Medical Conditions: _____
Father's Work #: _____ Mother's Work #: _____
Father's Cell #: _____ Mother's Cell #: _____

**In case of an emergency and you cannot be reached,
please list names of individuals for us to contact.**

Name: _____ Phone#: _____ Relationship: _____
Name: _____ Phone#: _____ Relationship: _____

Please list all persons authorized to pick up your child other than yourself.

Name: _____ Phone#: _____ Relationship: _____
Name: _____ Phone#: _____ Relationship: _____

Signature of Parent/Legal Guardian **Date**

MDO Payment Authorization Agreement

I/we authorize **Kingwood First Baptist Church, Mother's Day Out (KFBC-MDO)** to initiate the following debit entries to my/our account indicated below and the depository institution named below to debit same to such account. I/we choose the following option:

Monthly \$ _____

My payment is:

_____ Fall/Spring Tuition

Start date for payments: _____

Stop date for payments: _____

I/we understand this authorization will remain in full force and effect until the STOP date indicated above **or** when KFBC receives **written notification** from me/us of its termination or change in such time and in such manner as to afford KFBC and the depository institution herein named a reasonable opportunity to act on said notification. If KFBC erroneously debits funds from my/our account, I authorize KFBC to initiate the necessary credit entries not to exceed the total of the original amount debited for the entry in question.

*****A Voided Check Must Be Attached*****

For New Authorizations

Depository (**Bank**) Name

Account Number _____

Transit/ABA Number (if known) _____

Name _____

Address _____

Phone # _____ cell # _____

Signed _____

Date _____