



# Mother's Day Out

at Southwinds Baptist Church

## Registration Form

2021-2022

### CHILDREN'S INFORMATION

Please choose:  
2 day      1 day

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_ Gender: ☐ Male ☐ Female  
Child lives with: \_\_\_\_\_ Parents' Marital Status: \_\_\_\_\_ # of Siblings: \_\_\_\_\_  
If divorced, who has legal custody? \_\_\_\_\_  
May the non-custodial parent pick up the child? ☐ Yes ☐ No  
Is your child potty trained? ☐ Yes ☐ No Is your child being potty trained? Yes No  
If yes, will your child let the teacher know when he/she has to go potty? ☐ Yes ☐ No  
If no, at what age do you plan on starting the potty training at home? \_\_\_\_\_

### MOTHER'S INFORMATION

Mother's/Guardian's Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_  
Check the phone number you want the staff to call FIRST in case of emergency or concern:  
☐ Home #: \_\_\_\_\_ ☐ Cell #: \_\_\_\_\_  
☐ Work #: \_\_\_\_\_ Ext: \_\_\_\_\_ Work Hours: \_\_\_\_\_ ☐ Other #: \_\_\_\_\_

### FATHER'S INFORMATION

Father's/Guardian's Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_  
Check the phone number you want the staff to call FIRST in case of emergency or concern:  
☐ Home #: \_\_\_\_\_ ☐ Cell #: \_\_\_\_\_  
☐ Work #: \_\_\_\_\_ Ext: \_\_\_\_\_ Work Hours: \_\_\_\_\_ ☐ Other #: \_\_\_\_\_

Emergency Contact: (List a person who will assume responsibility if parent cannot be reached.)

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

Check the phone number you want the staff to call FIRST in case of emergency or concern:

☐ Home #: \_\_\_\_\_ ☐ Cell #: \_\_\_\_\_

☐ Work #: \_\_\_\_\_ Ext: \_\_\_\_\_ ☐ Other #: \_\_\_\_\_

☐ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Emergency Contact: (List a person who will assume responsibility if parent cannot be reached.)

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

Check the phone number you want the staff to call FIRST in case of emergency or concern:

☐ Home #: \_\_\_\_\_ ☐ Cell #: \_\_\_\_\_

☐ Work #: \_\_\_\_\_ Ext: \_\_\_\_\_ ☐ Other #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

**Emergency Medical Care:** *In the event I cannot be reached to make arrangements for emergency medical attention, I authorize the staff of Mother's Day Out at Southwinds Baptist Church to seek assistance from the following physician and/or have my child transported for emergency care to the following emergency medical care facility.*

Physician's Name: \_\_\_\_\_ Clinic: \_\_\_\_\_

Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

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

Emergency Care Facility Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

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

*I give consent for the staff of Mother's Day Out at Southwinds Baptist Church to secure any and all necessary emergency medical care for my child, \_\_\_\_\_.*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

## Mother's Day Out at Southwinds Baptist Church

### FEES:

**Registration:** To secure enrollment, a one-time, non-refundable Registration Fee of \$75 is due at the time of registration.

**Supply:** To secure enrollment, a non-refundable \$40 Supply Fee is due at the time of registration.

An additional \$40 supply fee is due at the start of the second semester, January 1st.

**NOTE:** *Registration and Supply fees should be paid by ACH or check to Southwinds Baptist Church*

### TUITION:

Tuition is \$180/month for two days a week

\$110/month for one day a week

September 1st - May 1st

- Monthly tuition is due on the 1<sup>st</sup> of every month.
- Tuition is late after the 10<sup>th</sup> of the month. There is a \$10 per day late fee after the 10<sup>th</sup>.
- Your child will be dropped from the program if tuition is not received by the 15<sup>th</sup> of the month.
- The tuition amounts have been averaged over the school year; the amount will not be adjusted due to the actual number of class of each month.
- Tuition will not be prorated or discounted for absences or holidays.
- Children participating in one day a week have to choose either Tuesday OR Thursday. Children will not be allowed to participate in any activities that fall on the opposite day.
- A return check fee of \$25 will be assessed if a check or ACH is returned.
- A 10% sibling discount will apply only to children that each attend two days a week.
- Once registration is filled for a class your child will be placed on a waiting list and you will be notified once a spot becomes available.

### MEALS:

- Parents/guardians may bring their child a healthy beverage in spill-proof cup labeled with child's name.
- MDO will provide all children a small, healthy morning **SNACK** and beverage at around 10 am.
- Parent/guardian needs to provide their child a healthy picnic style **LUNCH** to eat around 12 pm. (We cannot heat lunch items for individual children.)

### REST/NAP:

- Children will rest/nap for about 1½ hours.
- Parents need to provide their child a small rest mat and blanket. A small pillow or security item is optional.

**By completing this Registration and paying the registration/supply fee:**

- I am enrolling my child in the Mother's Day Out at Southwinds Baptist Church program and will abide by all the policies and procedures as stated in this document and/or the Parent Handbook.
- I verify that all information I provided on this Registration document is correct to the best of my knowledge.
- I will complete all registration information forms before my child attends MDO.
- I understand that any changes to enrollment, including termination of enrollment, must be made in writing at least two (2) weeks in advance to the Director of MDO Toni Stephens.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
MDO Director Signature

\_\_\_\_\_  
Date

Mother's Day Out at Southwinds Baptist Church

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Authorized Pick-up Release

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Check the phone number you want the staff to call FIRST:

☐ Home #: \_\_\_\_\_ ☐ Cell #: \_\_\_\_\_

☐ Work #: \_\_\_\_\_ Ext: \_\_\_\_\_ ☐ Other #: \_\_\_\_\_

☐ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Check the phone number you want the staff to call FIRST:

☐ Home #: \_\_\_\_\_ ☐ Cell #: \_\_\_\_\_

☐ Work #: \_\_\_\_\_ Ext: \_\_\_\_\_ ☐ Other #: \_\_\_\_\_

☐ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

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Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

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☐ Work #: \_\_\_\_\_ Ext: \_\_\_\_\_ ☐ Other #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Check the phone number you want the staff to call FIRST:

☐ Home #: \_\_\_\_\_ ☐ Cell #: \_\_\_\_\_

☐ Work #: \_\_\_\_\_ Ext: \_\_\_\_\_ ☐ Other #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

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*I authorize that my child may be released from the care of Mother's Day Out at Southwinds Baptist Church to the individuals indicated above in addition to those already listed on this form.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Mother's Day Out at Southwinds Baptist Church

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

CHILD'S HEALTH INFORMATION

Does your child have any known allergies? ☐ Yes (Please complete an allergy action plan) ☐ No

If yes, to what? \_\_\_\_\_

Describe how your child reacts to exposure to particular allergens:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How are these allergies typically treated? \_\_\_\_\_

Does your child have Asthma? ☐ Yes (Increases risk of severe reaction) ☐ No

Does your child take medications daily? ☐ Yes ☐ No

If yes, what kind and how often?

\_\_\_\_\_  
\_\_\_\_\_

Please list any special problems that your child may have, such as existing illness, previous serious illness, hospitalizations during the past 12 months, any medications prescribed for long-term use, and any other medical information which caregivers should know:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Mother's Day Out at Southwinds Baptist Church  
ALL ABOUT ME!

My name is: \_\_\_\_\_. My birthday is: \_\_\_\_\_. I am \_\_\_\_\_ years old.

My nickname is: \_\_\_\_\_. I live with: \_\_\_\_\_.

I have \_\_\_\_\_ sisters. Their names and ages are: \_\_\_\_\_

\_\_\_\_\_.

I have \_\_\_\_\_ brothers. Their names and ages are: \_\_\_\_\_

\_\_\_\_\_.

I have \_\_\_\_\_ pets. They are (what kind of animal?) \_\_\_\_\_ and their names are: \_\_\_\_\_

\_\_\_\_\_.

My family lives in a ☐ house ☐ apartment ☐ other \_\_\_\_\_.

At home, I eat in: ☐ high chair ☐ booster chair ☐ chair ☐ parent's lap ☐ other: \_\_\_\_\_.

At home, I drink from: ☐ a bottle ☐ a sippy cup ☐ other: \_\_\_\_\_.

At home, I sleep in: ☐ my crib ☐ my bed ☐ other: \_\_\_\_\_.

When I nap, \_\_\_\_\_ helps me get to

sleep. When I am sad or hurt, I am comforted by / I need: \_\_\_\_\_.

My favorite security item(s):

\_\_\_\_\_

My favorite food: \_\_\_\_\_ My favorite drink: \_\_\_\_\_

My favorite color: \_\_\_\_\_ My favorite animal: \_\_\_\_\_

My favorite book(s) \_\_\_\_\_

My favorite song(s) \_\_\_\_\_

My favorite movie(s) \_\_\_\_\_

Sometimes, when Mommy or Daddy leaves me I have separation anxiety: ☐ Yes ☐ No

When I am introduced to new people/experiences/environments, I tend to be:

☐ Easy going / Happy ☐ Feisty / Aggressive ☐ Shy / Slow to Warm ☐ Other: \_\_\_\_\_

I am scared of: \_\_\_\_\_.

In the last six months, we have had one or more of these changes in our household:

☐ Move ☐ Divorce ☐ Separation ☐ Deployment ☐ Birth ☐ Death ☐ Other: \_\_\_\_\_.

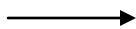
*Please attach a recent picture of your child for his/her teacher to hang in the classroom.*

Mother's Day Out @ First United Methodist Church Belton

PHOTO / AUDIO / VIDEO WAIVER

I, \_\_\_\_\_,  
Parent/Guardian Name

☐ authorize



☐ Use my child's First Name Only

☐ Do not use my child's First Name.

☐ do not authorize

Mother's Day Out at Southwinds Baptist Church to use and/or reproduce any photographs, audio, and/or video recordings of my child while enrolled in the MDO program for use in the classroom/program, including posting on MDO social networks (e.g. Facebook) and website for promotional purposes.

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
MDO Director Signature

\_\_\_\_\_  
Date