

# First Christian Church Mother's Day Out Registration

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Known Allergies \_\_\_\_\_

Home Address (include zip code) \_\_\_\_\_  
\_\_\_\_\_

Parent's Name(s)/ Guardian \_\_\_\_\_

Email Address \_\_\_\_\_

Mom Cell \_\_\_\_\_ Dad Cell \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer Information: Father \_\_\_\_\_ Phone \_\_\_\_\_

Mother \_\_\_\_\_ Phone \_\_\_\_\_

Church Membership \_\_\_\_\_

Please, list the name, number and relationship of those authorized to pick up your child. These names will also be used for contact in the case of emergency if we are NOT able to reach a parent / guardian. We will ask for I.D. if we are not familiar with the individual.

	Name	Relationship	Phone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Additional Comments \_\_\_\_\_  
\_\_\_\_\_

Mother's Day Out has permission to put my child's picture on Facebook or in the newspaper.  
Yes \_\_\_\_\_ No \_\_\_\_\_

Mother's Day Out has permission to share my information with the leadership of FCC Belleville.  
Yes \_\_\_\_\_ No \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Office Use Only:

Date Registration Paid \_\_\_\_\_

Forms Submitted: Registration \_\_\_\_\_ Teacher Info Sheet \_\_\_\_\_ Physical \_\_\_\_\_ Date of Physical \_\_\_\_\_

# First Christian Church Mother's Day Out Registration

State of Illinois  
Department of Children and Family Services

Name of Child \_\_\_\_\_

Parents or guardian placing the child may sign any or all of the following consents:

## EMERGENCY MEDICAL CARE:

This authorizes Mother's Day Out, First Christian Church, to secure EMERGENCY medical care for my child when I/we cannot be immediately reached at the time of emergency. I/we will be responsible for the emergency medical charges upon receipt of the statement.  
\_\_\_\_\_ is the preferred doctor/clinic/ hospital.

Date \_\_\_\_\_ Signature of parent / guardian \_\_\_\_\_

Relationship to child \_\_\_\_\_

## ADMINISTER PRESCRIPTION MEDICINE :

This authorizes Mother's Day Out, First Christian Church, to administer prescribed medicine to my child as specified in written instructions.

Date \_\_\_\_\_ Signature of parent / guardian \_\_\_\_\_

Relationship to child \_\_\_\_\_

## ADMINISTER PATENT (NON-PRESCRIPTION/OVER THE COUNTER) MEDICINE:

This authorizes Mother's Day Out, First Christian Church, to administer patent medicine to my child as specified in written instructions.

Date \_\_\_\_\_ Signature of parent / guardian \_\_\_\_\_

Relationship to child \_\_\_\_\_

## First Christian Church Mother's Day Out Policies

In order to assure that all parents clearly understand the policies and procedures of Mother's Day Out, as outlined in the handbook, we ask all parents to read the following policies, sign, and return to the director. The below list does not cover all policies outlined in the handbook so please make sure to read the full handbook. By signing this, you agree to have read the Mother's Day Out Handbook. **This must be signed and returned for your child to remain on MDO enrollment.**

1. Parents are responsible for prompt tuition payment. A late fee of \$25.00 will be added to any tuition which is not paid by the **15th** of each month. Tuition is due the **first** day of each month your child or children attend. **If at the end of the month, tuition is not paid, you will be notified that your child is no longer enrolled at MDO.**
2. There will be **NO** reduction of fees for absences or vacations except in the case of an extended illness of the child. Notification to the director is mandatory. This will also include summer, **unless at the time of registration** you inform the director that you will not be here the entire time. You are responsible for tuition for both June and July, whether you are here the entire time or not.
3. Parents must walk their child(ren) into the building each day, sign them in, and make certain the teacher is aware they are present. Parents must also, walk into the building, sign their child(ren) out, and make certain the teacher knows they are leaving. Older siblings (**under the age of 12**) do not meet this requirement.
4. Children are to be kept home with the following: Those with fever, vomiting, or diarrhea in the previous 24 hour period. Children too sick to participate in the full program, including outside play, need to be kept at home.
5. ALL children need a **complete** change of clothing in their backpacks/diaper bags at all times. **This is not a suggestion, but mandatory. We have a limited amount of space, and cannot keep clothes of all sizes here.**
6. Parents must inform MDO of any change of address, phone numbers, or emergency contact information. We also, would like to be aware of any change in family situations. This allows us to understand change in mood or behavior.
7. The director is to be notified at least **TWO WEEKS IN ADVANCE** before child is to be withdrawn from the program.
8. Children are expected to be brought no earlier than 9:25 a.m., and picked up later than 2:35 p.m. on their assigned days. There will be an overtime fee of \$20.00 for each 15 minutes or portions thereof, after 2:35 p.m. to be paid promptly to the staff member on duty.
9. Physicals and shot records are to be kept up to date. None can be older than two years old. Please, check with the director in September of each year to be sure you are up to date.
10. **Beginning June 2012 there will be a non-refundable registration fee paid for each session your child attends. This will be fall/spring session AND summer session. Fee will be \$40.00 for returning families, and \$60.00 for new families. Money will be paid at the time of registration.**

Date \_\_\_\_\_ Signature \_\_\_\_\_