



Application/ Registration Form

Days requested (circle):

Tuesday Wednesday Thursday

Child's Name _____

Nickname _____

Date of Birth _____

Mailing Address _____

Father's Name _____

Cell Phone _____ Work Phone _____

E-mail Address _____

Mother's Name _____

Cell Phone _____ Work Phone _____

E-mail Address _____

People authorized to pick up your child, or contact in the case of an emergency:

Name	Phone Number	Relation
_____	_____	_____
_____	_____	_____

Child's Physician _____ Office Number _____

Does your child have any allergies? Please explain. _____

Does your child have an Epi-Pen? _____

Photography Release

Grace MDO does/does not (circle) have my permission to photograph my child, _____, for use in advertisement and/or social media (Facebook)

Signature _____

Date _____

Medical Release

In case of an emergency, I give my permission to Grace Mother's Day Out to seek medical attention for my child, _____, if injured while at Mother's Day Out. I hereby release Grace Mother's Day Out and Grace Presbyterian Church from any responsibility of injury to my child while he or she is in the care of Grace MDO, assuming precautions have been taken for their safety.

Signature _____ Date _____

Agreement of Payment

I understand that payment is due by the 15th of each month and I agree to adhere to the schedule. I also understand that I am obligated to give two weeks written notice prior to leaving Grace MDO program. I will notify the program when my child will be absent for more than three (3) consecutive days. I understand that with three consecutive un-notified absences, my child could be dropped from the program.

Signature _____ Date _____

For office use only:

Days: T W TR

Registration fee:

Summer 20 _____ **Amount** _____ **Check#** _____

Fall 20 _____ **Amount** _____ **Check #** _____