

Quail Springs Baptist Church
Weekday Ministries
Mother's Day Out
2010 -2011

FOR OFFICE USE ONLY
Enrollment Fee \$ _____
Date _____
Time received _____
Check # _____
Placement _____

For children 2 months – 2 years old
Class times 9:30 a.m. to 2:30 p.m.
Non-Refundable Enrollment Fee \$50

I wish to enroll my child in: Please check desired days

Mother's Day Out _____ Monday
_____ Wednesday
_____ Both Monday and Wednesday

Child's Date of Birth: _____

Please fill out completely

Child's full name: _____ Today's date _____
(Last) (First) (Middle Initial)

Name child goes by: _____ Sex: M F

Parents or Guardians Name: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

Mother's Place of Employment: _____ Work Phone: _____

Father's Place of Employment: _____ Work Phone: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Email address where you would like school information to be sent: _____

Members of what church: _____

Siblings also enrolled in this program(names and ages) _____

Persons to contact (after parents) in case of emergency, and persons having permission to pick up child:
Name/Relationship Telephone Number

_____	_____
_____	_____
_____	_____

Health Information

Child's usual physician or clinic _____ Phone: _____

Health Problems _____

Food Allergies _____

Other Allergies _____

Specify any physical disabilities or limitation in activities recommended and why: _____

List all prescribed medication: _____

Other Information

This year we may take various pictures of your child that may be used in promotional materials. Please circle yes or no below to indicate if we have permission to do so and sign.

Yes I give permission

Parent's Signature _____

No I do not give permission

All of our policies and procedures regarding things such as illness regulations, tuition due dates and late fees, late pick-up fees, etc, are outlined in our 2010-2011 Parent Handbook. Please read this carefully as it should answer many of your questions.

I have received a copy of the 2010-2011 Parent Handbook, and I agree to abide by the policies contained within.

Signature of Parent/Guardian _____ Date _____

In order to accept this enrollment, we must have all necessary paperwork and the \$50 enrollment fee paid at the time of enrollment.

This enrollment fee is non-refundable.