

MOTHER'S DAY OUT TUITION FORM

CHILD'S NAME _____
 DATE OF BIRTH _____
 PARENTS NAME _____
 ADDRESS _____

EMERGENCY TELEPHONE NUMBERS

HOME _____
 MOM'S WORK AND/OR CELL _____
 DAD'S WORK AND/OR CELL _____
 E-MAIL _____
 Allergies to food or drug _____

Office use only

	AMOUNT DUE	AMOUNT PAID	DATE	CHECK #
REGISTRATION				
SNACK/SUPPLY				
SEPTEMBER				
OCTOBER				
NOVEMBER				
DECEMBER				
SNACK/SUPPLY				
JANUARY				
FEBRUARY				
MARCH				
APRIL				
MAY				

**MOTHER'S DAY OUT
APPLICATION FOR ADMISSION**

GENERAL INFORMATION

Name _____ Date of Application _____
Name used at home _____ Date to be enrolled _____
Date of birth _____ Sex _____ Address _____

FAMILY INFORMATION

Father's name _____ Occupation _____
Work telephone _____
Mother's name _____ Occupation _____
Work Telephone _____
Names and ages of other children _____
Names of other persons living in the home _____
Previous program attended _____
Church you attend _____

SOCIAL AND PHYSICAL GROWTH

Does your child have any physical, emotional, or medical condition of which our
Staff should be aware of to help the teacher provide the best learning environment for your child

EMERGENCY INFORMATION

Child's doctor _____ Telephone _____
Person authorized to act for parents in emergency _____
Home telephone _____ Work telephone _____

**MOTHER'S DAY OUT
CHILD'S HEALTH STATEMENT**

CHILD'S NAME _____

DATE OF BIRTH _____

HEARING DIFFICULTIES? _____

VISION DIFFICULTIES? _____

SPEECH DIFFICULTIES? _____

HOSPITALIZATIONS? _____

OPERATIONS? _____

MEASLES? _____ MUMPS? _____ CHICKEN POX? _____ FLU? _____

WHOOPING COUGH? _____ MENINGITIS? _____ CONVULSIONS? _____

OTHER SERIOUS ILLNESSES? _____

ARE ALL IMMUNIZATIONS UP-TO-DATE? _____

IF NOT, INDICATE REASON _____

LIST ANY MEDICATIONS AND DRUGS TAKEN REGULARLY BY THE CHILD

OTHER REMARKS REGARDING PHYSICAL CONDITION

THE ABOVE INFORMATION IS CORRECT AS OF

DATE _____

SIGNATURE _____