

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

Date received by MDO office: \_\_\_\_\_

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

First Middle Last

Birth Date \_\_\_\_\_ Age as of Sept. 1, 2025 \_\_\_\_\_ yrs. \_\_\_\_\_ mos

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Place of Work \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Place of Work \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Preferred phone number during school hours** \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Siblings: Name \_\_\_\_\_ Age \_\_\_\_\_

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

**CHECK OUT/EMERGENCY CONTACT INFORMATION:**

Persons to be contacted in case of an emergency if parents cannot be reached.

(Must be someone local who can pick up your child.) **Please note: A driver's license or photo I.D. will be required to pick up a child.**

1. Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

3. Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

**Items needed to complete registration:**

- Non-refundable registration fee of \$150 due at the time of registration
- Up-to-date Alabama immunization record

<b>Office Use Only MDO/SSP Class Times 8:30-2:30 M-F</b>	
Lamb (2 mo. - 8 mo.) ___ M-F ___ M/T/Th ___ W/F	
Kangaroo (9 mos. - 14 mos.) ___ M-F ___ M/T/Th ___ W/F	
Bunny (15 mos. - 19 mos.) ___ M-F ___ M/T/Th ___ W/F	
Turtle (20 mos. - 23 mos.) ___ M-F ___ M/T/Th ___ W/F	
Tiger (24 mos. - 29 mos.) ___ M-F ___ M/T/Th ___ W/F	
Bear (30 mos. - 35 mos.) ___ M-F ___ M/T/Th ___ W/F	
Duck (36 mos. - 41 mos.) ___ M-F ___ M/T/Th ___ W/F	
Frog (42 mos.- 47 mos.) ___ M-F ___ M/T/Th ___ W/F	
Stepping Stones Preschool (48 mos and up) ___ M-F	
___ Early Care 7:15-8:30 am (\$35/mo for all ages)	
___ Extended Care 2:30 -5 pm (for all ages) ___ M-F ___ M/T/Th ___ W/F	
___ Paid Registration Fee (\$150) (Non- refundable)	
*We follow the Enterprise City Schools calendar.	

**Health Information:**

Allergies:

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Other medical conditions or services of which we should be aware (ex: GERD, speech, Physical therapy etc.):

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Child's Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

My child has permission to be given minor first aid \_\_\_\_\_ YES \_\_\_\_\_ NO

In the event that none of the persons listed on this registration form can be reached at the time of an illness or accident, I, \_\_\_\_\_, as the parent or guardian of \_\_\_\_\_, who is a minor child enrolled in either Mom's Day Out of Stepping Stones Preschool at First Methodist Church Enterprise, AL, authorize the Director or teacher of the Mom's Day Out Program and Stepping Stones Preschool to take my child, \_\_\_\_\_, to a medical facility for emergency treatment. I give my consent for any and all necessary treatment when my child is in this individual's care.

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

\_\_\_\_\_  
Date

### Parent Contract

I understand that once I turn in this registration form and registration fee that my child is guaranteed a slot. I understand that the registration fee is non-refundable. I agree that I will be responsible for paying August's tuition, unless I notify the Director by June 30th that my child's slot is not needed. I also agree to pay tuition in the form of 10 monthly payments throughout the school year. I understand that tuition payments are due on the 1st of every month, and are considered late after the 10th of the month. I understand that a one-month notice is required for withdrawal. I understand that even if my child is registered for MDO/SSP and will start later than August, I still must pay the monthly tuition.

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

\_\_\_\_\_  
Date

**Please place a check mark by the items below to indicate agreement, fill in any blanks and sign at the bottom.**

\_\_\_\_, I, \_\_\_\_\_, give permission for my child \_\_\_\_\_'s picture to be printed in the newspaper and/or uploaded to our Facebook page should the opportunity present itself.

\_\_\_\_, I, \_\_\_\_\_, give permission for my child \_\_\_\_\_ to ride in a **stroller** around the perimeter of the First Methodist Church Enterprise property with their teachers and classmates. (Applicable only for Lamb, Kangaroo and Bunny classes)

\_\_\_\_, I, \_\_\_\_\_, give permission for my child to walk the perimeter of the church property with his/her teachers when weather permits. (Applicable for Bunny, Bear, Bumble Bee, Duck, Frog, Tiger and Turtle classes)

\_\_\_\_, I, \_\_\_\_\_, give permission to the staff of Mom's Day Out and Stepping Stones Preschool to apply hand sanitizer to my child's, \_\_\_\_\_ hands. I understand that the staff cannot be responsible for any allergic reactions or complications resulting from application of hand sanitizer. (Applicable only for the Bunny, Bear, Tiger, Turtle Duck, Frog and Bumble Bee classes)

\_\_\_\_, I, \_\_\_\_\_, give permission for my child, \_\_\_\_\_, to walk to the Enterprise Library on a monthly basis. (Applicable only for Duck, Frog and Bumble Bee Classes)