

Health Information:

Allergies: _____

Other medical conditions of which we should be aware:

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 or 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

Name _____

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. By signing this form, I understand that I am entering a 10- month contract with Mom's Day Out and Stepping Stones Preschool and I agree to the rules stated above and detailed further in the Mom's Day Out and Stepping Stones Preschool Handbook that can be found on our website.

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 Facebook should the opportunity present itself.

____, I, _____, give permission for my child _____ to ride in a stroller around the perimeter of the Enterprise First United Methodist Church property with their teachers and classmates. (Applicable only for Lamb, Kangaroo, and Bunny Classes.) (15 mo-21 mo)

____, 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, Duck, Frog and Bumble Bee classes.) (15 mo-5 yrs).

____, I, _____, give permission for my child, _____, to walk to the Enterprise Library on a monthly basis. (Applicable only for Mom's Day Out 3s and Stepping Stones Preschool.) (Applicable only for Duck, Frog and Stepping Stones Classes). (3 yrs-5 yrs).

Parent/Guardian Signature

Date

Items needed to complete registration:

- Non-refundable registration fee \$150.00 due at the time of registration
- Notarized form indicating your understanding that we are exempt from state regulations regarding child care programs (forms provided by MDO/SSP during Open House or 1st day of school)
- Up to date Alabama Immunization record. (Imprint Form)
- Child Medical Report