



ENROLLMENT FORM

Please complete one Enrollment Form per child being registered.

Child's First Name _____

Child's Last Name _____

Sex Male Female

Birth Date _____ Age on September 30, 2024 _____

Parents' Relationship Single Married Divorced Widowed

Child lives with: Father & Mother Mother Father Other

MOTHER'S INFORMATION

Mother's First Name _____

Mother's Last Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Home _____ Cell # _____

Work # _____ Extension _____

Mother's Occupation _____

Mother's Employer _____

FATHER'S INFORMATION

Father's First Name _____

Father's Last Name _____

Address _____

City _____ State _____ Zip _____

Home _____ Cell # _____

Work # _____ Extension _____

Father's Occupation _____

Father's Employer _____

Church Attending: _____

How did you find out about our program? _____

Is child Potty Trained? Yes No

***ALL THREE YEAR OLDS MUST BE POTTY TRAINED BEFORE ENTRY INTO SCHOOL.

Does the child have any difficulties or disabilities which need our special help or attention?

Yes No

If Yes, please describe: _____

Any Medical Problems? Allergies? Yes No

If Yes, please describe: _____

If accepted, students will attend on a trial basis. We hope to accommodate all who would like to attend our program, but if accommodations are not possible or if we find that the program is not a good fit for the student, he/she may be asked to exit the program.

Child's Doctor _____

Doctor's Office # _____

I authorize Living Word Church Mother's Day Out to care for my child during the time he/she is in their care to administer and/or obtain emergency medical treatment for my child in the event that I cannot be reached.

Parent's Signature: _____

Please circle which option you would like for the 2024 - 2025 school year.

3 Days a week
Mon, Wed, Fri
8:30 am - 12:30 pm
\$225 per month

3 Days a week
Mon, Wed, Fri
with **extended care**
8:30 am - 2:30 pm
\$325 per month

EMERGENCY CONTACT INFORMATION

List at least one person who will be able to assume responsibility in an emergency, **if parent cannot be reached:**

Emergency Contact #1

Name _____

Relationship to child _____

Home _____ Cell # _____

Work # _____ Extension _____

Emergency Contact #2

Name _____

Relationship to child _____

Home _____ Cell # _____

Work # _____ Extension _____

RELEASE PERMISSION

Other than parents, my child has my permission to be released to the following individuals:

Individual #1

Name _____

Relationship to child _____

Home _____ Cell # _____

Work # _____ Extension _____

Individual #2

Name _____

Relationship to child _____

Home _____ Cell # _____

Work # _____ Extension _____

Individual #3

Name _____

Relationship to child _____

Home _____ Cell # _____

Work # _____ Extension _____

***** Please notify the above individuals that they will be asked to show proof of identity.**

Parent's Signature: _____ Date _____

Registration Fee: \$100 Cash Check (#) _____ (Made out to Living Word Church)