

Living Word Church



Mother's Day Out

## 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, 2025 \_\_\_\_\_

**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: \_\_\_\_\_

Child's Shirt Size: 2T  3T  4T  5T  Youth X-Small  Youth small

Please circle which option you would like for the 2025 - 2026 school year.

**3 Days a week**  
Mon, Wed, Fri  
8:30 am - 12:30 pm  
\$275 per month

**3 Days a week**  
Mon, Wed, Fri  
with extended care  
8:30 am - 2:30 pm  
\$375 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: \$150 (non-refundable)**  Cash  Check (#) \_\_\_\_\_

(Made out to Living Word Church)