



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, 2022 _____

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

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 2022 - 2023 school year.

3 Days a week
Mon, Wed, Fri
8:30 am - 12:30 pm
\$200 per month

3 Days a week
Mon, Wed, Fri
with **extended care**
8:30 am - 2:30 pm
\$300 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: \$75 Cash Check (#)_____ (Made out to Living Word Church)