

**MOM'S DAY OUT
FIRST EVANGELICAL FREE CHURCH
2223 NORTH MULFORD ROAD**

REGISTRATION FOR THE MONTH OF _____

Please fill out a separate form for each child (unless twins)

Child's Name: _____

Birthdate: _____ *Potty Trained completely: Yes _____ No _____

Parents Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

E-Mail Address: _____ Cell Phone: _____

The **CHILD INFORMATION SHEET**, **RELEASE FORM** and **POLICIES AND GUIDELINES SHEET** must be completed and turned in along with the **\$35 ENROLLMENT FEE** before your child can attend for the first time in the Mom's Day Out Program.

Please check which days you plan to register your child for:

- _____ Both Mondays and Fridays
- _____ All Mondays
- _____ All Fridays

Rates:

- 1 Child: \$20 per day
- 2 Children: \$35 per day
- 3 Children: \$43 per day

*If your child will be 3 years old as of September 1st, he/she **must be potty trained** to attend the Moms Day Out program.

(For MDO use only) Room Assignment: _____

Date: _____	Enrollment Fee: Date Paid _____	Check # _____
SI/SO: _____	AMOUNT DUE	PAYMENT ADDITIONS
CCARD: _____	Child 1 _____	Date _____ Date _____
CMPTR: _____	Child 2 _____	Am't _____ Paid _____
REVISION: _____	Total _____	Check# _____ Check# _____