

Mother's Day Out Registration Form

Child's full name _____
 Name child is known by _____
 Date of Birth _____
 Gender: Male _____ Female _____

Cahaba Heights United Methodist MDO
 (205)969-3149
 3139 Cahaba Heights Road
 Vestavia Hills, AL 35243

Name of parent(s) or legal guardian(s) _____
 Child lives with? _____
 Address _____
 City _____ Zip _____ Home Telephone _____
 Parent 1 e-mail _____ Parent 2 e-mail _____
 Parent 1 employer _____ Job title _____
 Work Phone _____ Can you be called at work? _____ Cell Phone _____
 Parent 2 employer _____ Job title _____
 Work Phone _____ Can you be called at work? _____ Cell Phone _____

In Case of an Emergency and We Cannot Reach You, Please List Below Three People We Can Contact:

Child's Doctor _____ Location _____ Phone _____
 Name _____ Relationship to child _____ Phone _____
 Name _____ Relationship to child _____ Phone _____
 Name _____ Relationship to child _____ Phone _____
 Allergies (food, insects or environment) _____
 Medication for allergies _____
 Has child ever had any of the following difficulties: Seizures _____ Speech _____ Hearing _____ Vision _____
 Daily Medication(s) _____
 Has child had any serious illnesses, surgery or hospital stays? _____

MDO **NON-REFUNDABLE** Registration Fee \$125.00/returning student registration fee of \$50.00.

Based on Child's age as of September 1.

___ 1 day	\$ 200.00 monthly	MDO I (3 – 12 months)
___ 2 day	\$ 240.00 monthly	MDO II (12 – 27 months)
___ 3 day	\$ 275.00 monthly	
___ 4 day	\$ 300.00 monthly	Circle the days desired:
___ 5 day	\$ 325.00 monthly	Mon Tues Weds Thurs Fri

I hereby agree to pay the monthly fees for my child's participation and for child care in the designated program at Cahaba Heights United Methodist Church. No refunds or credits will be made for absences of any kind.

Signature _____ Date _____

I agree to have on file at the preschool the following forms: Blue immunization form, Emergency Release Form, Family Information Form, and Transportation Form on or before the first day of school.

Signature _____ Date _____

Registration Fee _____ Date received _____ Director _____