

Mother's Day Out Program

2019 - 2020 Registration Form

Child's Name _____
_____ (First) (Middle) (Last)

Date of Birth ____/____/____ Sex: ☐ Female ☐ Male

Child's Age as of Sept. 1, 2019 - _____ years and _____ months

Child's Address: _____

City: _____ State: _____ Zip: _____

Parent Name (1st Contact) _____ Driver's License: _____

Relation to Child _____

Occupation: _____ Employer: _____

1st Contact Ph #: _____ 2nd Contact Ph. # : _____

Parent email _____

Parent Name (2nd contact) _____ Driver's License: _____

Relation to Child _____

Occupation: _____ Employer: _____

1st Contact Ph #: _____ 2nd Contact Ph. # : _____

Parent email _____

Do both parents live with this child? ☐ Yes ☐ No

An Additional Emergency Contact: _____ Relationship to the child: _____

1st Contact Ph #: _____ 2nd Contact Ph. # : _____

Office Use Only

☐ Registration Paid

☐ 1st month Tuition Paid

Start Date: _____

Withdrawal Date: _____

Reason: _____

Tuition and Fees Schedule

(a copy of this schedule is in your Parent Handbook)

Non – refundable Registration Fee: \$100.00

- Registration is for the current school year and must be renewed annually. The registration fee is due at the time of enrollment and is non-refundable.

Monthly Tuition - \$195.00 for Children in Pre-K and Three Year Old Class

\$ 200.00 for Children in the Toddler and Two Year Old Classes

\$20.00 Discount on 2nd and 3rd Children

Tuesday, September 3rd - Tuesday, May 19th / Tuesdays & Thursdays / 9:00 am to 3:00 pm

- Full tuition is due by the 1st of each month and is considered late on or after the 5th of each month.
- Tuition is figured on an annual school year basis. The amount is not flexible with long or short months. Refunds or reductions are not available for the time a child is absent. School starts in September and ends in May with MOST holidays following the Taylor ISD school calendar.

Other Fees:

Tuition Late Fee (after the 5th of the month) = \$15.00

Returned Check Fee = \$35.00

I understand the above Tuition & Fees policy

Child's Name: _____ D.O.B: _____

Parent or Legal Guardian Name (please print) _____

Parent or Legal Guardian Signature _____

First United Methodist Church

MOTHER'S DAY OUT
Photo Release Form

CHILDS NAME _____

Date:

There will be several occasions over the school year that pictures will be taken of the Mother's Day Out children, either by church members, MDO Staff, or by the Taylor Daily Press. Our program also has a Website and Facebook Page. Please sign this form indicating your wishes on posting your child's picture in printed media and/or social media.

Photo Release:

- ☐ I give FUMC MDO permission to take and publish photos of my child involved in fun and learning. These are displayed in school, used for art projects, sent home, used for school functions and attached to in weekly emails.
- ☐ I do NOT give permission for my child to be included in any of the MDO pictures displayed in school, used for art projects, sent home, used for school functions or attached to in weekly emails..

Parent/ Guardian Signature: _____

Social Media Release:

- ☐ I give FUMC MDO permission to take and publish photos and videos of my child involved in fun and learning. These are displayed on the FUMC MDO website and Facebook page.
- ☐ I do NOT give permission for my child to be included in any of the MDO pictures to be posted on the center's website or Facebook page.

Parent/ Guardian Signature: _____

Advertising Release:

- ☐ I give First United Methodist Church Mother's Day Out permission to use my child's photo in promotional publications, videos or on our web site.
- ☐ I do not give First United Methodist Church Mother's Day Out permission to use my child's photo in promotional publications, videos or on our web site.

Parent/ Guardian Signature: _____

First United Methodist Church
Mother’s Day Out

Directory Release

The following information will be printed by teacher and Mother’s Day program, to facilitate class activities and carpooling. Your consideration is needed to publish this information. Please take a moment to fill in the following form. If you wish to have any information remain confidential and not published, place an “X” in the corresponding blank.

(Child’s Name)

(Teacher’s Name)

(Mother’s Name)

(Father’s Name)

(Street Address)

(Home Phone)

(City)

(State) (Zip)

Signature of Parent / Guardian)

(Date)

“Authorization To Pick Up” Form

Child's Name _____ Date of Birth ____/____/____

I hereby authorize ***First United Methodist Church Mother’s Day Out*** to allow my child to leave with the following persons.

Name: _____
Relationship _____ to _____ child:

Address: _____
Primary Contact Phone Number :
Secondary Contact Phone Number:

Name: _____
Relationship _____ to _____ child:

Address: _____
Primary Contact Phone Number :
Secondary Contact Phone Number:

Name: _____
Relationship _____ to _____ child:

Address:

Primary Contact Phone Number :

Secondary Contact Phone Number:

Name:

Relationship to child:

Address:

Primary Contact Phone Number :

Secondary Contact Phone Number:
