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|----------------------|-------------------|------------|
| Office Use Only | | |
| Date and Time _____ | Received by _____ | |
| Amount Paid \$ _____ | Check # _____ | Cash _____ |

2017-2018 FALL MEADOWOOD BAPTIST MOTHER'S DAY OUT ENROLLMENT APPLICATION

E-mail: preschoolministry@coxinet.net

Web: www.meadowoodfellowship.org

Child's Name _____ M/F _____ Birth date (including year) _____

Address _____

City: _____ State: _____ Zip code: _____

Home Phone No. _____

E-mail addresses: _____

Dad's Name _____ Mom's Name _____

Dad's Cell Phone # _____ Mom's cell # _____

Marital Status: Single - Divorced - Separated - Married - Are both parents living at home? _____

Dad's place of employment: _____ Work phone _____

Mom's place of employment: _____ Work phone _____

Doctor's Name: _____ Phone # _____

After calling parents, in case of an emergency call:

| Name | Relationship | Phone # |
|-------|--------------|---------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Name and age of other children in the family: _____

Does your child have any allergies? (i.e.: grass, bees/wasp or food) Please list them.

Other information or instructions helpful to Director or Teachers _____

Names of person(s) who will bring and pick up child: _____

I agree to read the MEADOWOOD KIDS MOTHER'S DAY OUT Policies and abide by them.

Signed _____