

Class:  
M/W \_\_\_\_\_  
T/Th \_\_\_\_\_

Office use only:  
Date: \_\_\_\_\_ Check#/Cash \_\_\_\_\_ Amount \_\_\_\_\_  
Withdraw date: \_\_\_\_\_



# Moms Morning Out Preschool

\*A ministry of Praise Covenant Church

## 2018/2019 Registration Form



Child's Name \_\_\_\_\_

First Middle Last Preferred

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Is there a different name you'd like us to use on nametags and name recognition activities? If so, what name would you like us to use? \_\_\_\_\_

Mom's Name \_\_\_\_\_

Dad's Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Who does the child live with? Mom and Dad \_\_\_\_\_ Mom only \_\_\_\_\_ Dad only \_\_\_\_\_

Split custody \_\_\_\_\_ Other, who? \_\_\_\_\_

Home phone \_\_\_\_\_

Mom's Cell \_\_\_\_\_ Can we text you? Y \_\_\_\_\_ N \_\_\_\_\_

Dad's Cell \_\_\_\_\_ Can we text you? Y \_\_\_\_\_ N \_\_\_\_\_

Mom's occupation \_\_\_\_\_

If we can contact you at work, please provide your number: \_\_\_\_\_

Dad's occupation \_\_\_\_\_

If we can contact you at work, please provide your number: \_\_\_\_\_

### Emergency Information

In the case of a emergency, and parents are unavailable, I give permission for any of the following individuals to be contacted and my child may be released to any of the following people if necessary:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell # \_\_\_\_\_

Name \_\_\_\_\_ Contact Number \_\_\_\_\_

Name \_\_\_\_\_ Contact Number \_\_\_\_\_

Is there anyone who cannot pick up your child? No \_\_\_\_\_ Yes \_\_\_\_\_

Name \_\_\_\_\_

Comments: \_\_\_\_\_

## Family Information

Language spoken at home \_\_\_\_\_  
Siblings and age(s) \_\_\_\_\_  
Favorite play activities \_\_\_\_\_  
Home church, if any \_\_\_\_\_  
How did you hear about our preschool? Website \_\_\_\_\_ Church Member \_\_\_\_\_  
Friend-who? \_\_\_\_\_

## Health Information

Child's doctor \_\_\_\_\_ Phone # \_\_\_\_\_  
Does your child have any **allergies**? No \_\_\_\_\_ Yes \_\_\_\_\_  
Please list: \_\_\_\_\_ reaction \_\_\_\_\_  
\_\_\_\_\_ reaction \_\_\_\_\_  
\_\_\_\_\_ reaction \_\_\_\_\_  
Does your child take medication for long time continuous use? No \_\_\_\_\_ Yes \_\_\_\_\_  
If yes, what \_\_\_\_\_  
Reason \_\_\_\_\_  
Has your child been screened by Birth to three or Childfind? No \_\_\_\_\_ Yes \_\_\_\_\_  
If yes, do you have a diagnosis? \_\_\_\_\_  
\_\_\_\_\_  
Does your child have any physical, behavioral, or emotional conditions that might affect his/her behavior, please explain: \_\_\_\_\_  
\_\_\_\_\_  
Was your child born premature? No \_\_\_\_\_ Yes \_\_\_\_\_  
If so, at how many weeks: \_\_\_\_\_  
Please check one of the following:  
My child is fully vaccinated \_\_\_\_\_ My child is on a delayed vaccination plan \_\_\_\_\_  
I do not plan to vaccinate my child \_\_\_\_\_

**Medical Release**

In the event that I cannot be reached to make arrangements for emergency medical care, I hereby authorize Praise Covenant Church/Moms Morning Out Preschool to give consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance to an emergency center for treatment when he/she is in the church's care.

→ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Child Toileting Parental Consent and Permission for Restroom Care**

Because Praise Covenant Church seeks high safety standards to protect children who participate in our programming, we are requesting your informed consent regarding your child's restroom or toileting needs when he/she is under the care of Mom's Morning Out Preschool. I give permission, when necessary, for an adult to escort my child to the restroom. I understand that my child should be capable of independently caring for his/her restroom needs, but if requested, the worker may assist with basic tasks of care and hygiene.

→ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Photo Release**

I hereby authorize Praise Covenant Church/Moms Morning Out Preschool to publish or post photographs taken of me and/or my minor child for use in Praise Covenant Church's printed publications, projections, and website. I release Praise Covenant Church from any expectation of confidentiality for the enrolled minor child and myself and attest that I am the parent or legal guardian of the enrolled child and that I have the authority to authorize Praise Covenant Church to use their photograph. I acknowledge that since participation is voluntary, neither the minor child nor I will receive financial compensation. I further agree that participation in any publications, projections, or websites produced by Praise Covenant Church confers no rights of ownership whatsoever. I release Praise Covenant Church, its officers, trustees, and its employees from liability for any claims by me or any third party in connection with my participation or the participation of my minor child.

→ I agree. Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

I DO NOT agree. Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

However, pictures of my minor child can be posted in our Preschool hallway at the church.

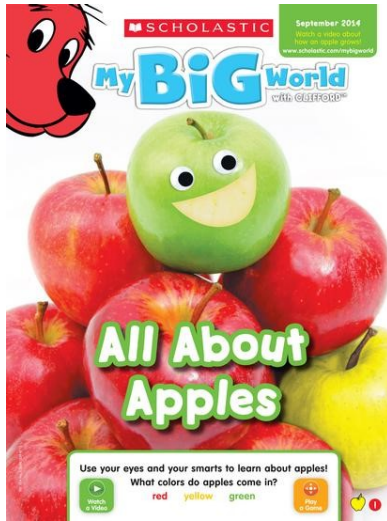
Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Tuition Agreement**

By enrolling my child, I agree to the following payment of \$ \_\_\_\_\_ per quarter whether or not my child attends each day.

→ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

I offer parents the opportunity to purchase Scholastic magazines in addition to tuition. To better serve you, it would help to know if you plan to purchase a magazine prior to September. Please indicate your plans below. If you would like to see sample copies, or if you have any questions, please feel free to let Mrs. Riggan know. Payment is due in September. Purchase is not required. Thank you!



My Big World with Clifford is targeted toward Preschool children and is offered 2x a month. The subscription comes with online access to digital games, science content, and other activities. It will be approximately \$6 for the year.



Let's Find Out is targeted toward Kindergarten children and is offered 4x a month. The subscription comes with online access to digital games, science content, and other activities. It will be approximately \$7 for the year.

Yes, I would like to order a Scholastic magazine!

Indicate your choice below:

- My Big Word with Clifford (Preschool)  
(2X a month approximately \$6 for the year)
- Let's Find Out (Kindergarten)  
(4x a month approximately \$7 for the year)

No, I am not interested in a Scholastic magazine.

Child's name \_\_\_\_\_