

Please print and complete a separate form for each child.

Circle your child's current age:

Baby One Two Three Four Five

Child's Name: _____ Called: _____

Birthdate: _____ Age by September 2: _____ Sex: _____

Address: _____

Phone Number: _____

Email Address: _____

Siblings: _____

Known Allergies: _____

Parental Information:

Father's Name: _____ Mother's Name: _____

Father's Employer: _____ Mother's Employer: _____

Father's Cell: _____ Mother's Cell: _____

Business Phone: _____ Business Phone: _____

Child lives with: _____

Circle the day(s) you would like your child to attend:

(please refer to tuition information to check on availability/options for each age)

Monday Tuesday Wednesday Thursday Friday

Other Data:

Local
Church Affiliation: _____ Valleydale _____ Other/Where? _____

How did you learn about our program? _____

May we photograph your child? _____ yes _____ no

May we include your address/phone number on a classroom list? __ yes __ no

Please tell us a little about your child: _____

The following people **CAN** pick up my child:

Name	Relationship to Child	Home/Cell Number
_____	<u>MOTHER</u>	_____
_____	<u>FATHER</u>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The following people **CANNOT** pick up my child: _____

Please remember, this is an application only. Bring this form into the Mother's Day Out Office, along with the registration fee, and we will place your child on our rolls provided there is an opening. A separate form must be completed for each child.

Thank you, and we hope to meet you soon!