



# MOTHER'S DAY OUT REGISTRATION

Please choose the appropriate age group below and mark DAYS DESIRED ONLY

Class placement will be based on date of birth

- Children younger than 2 years may only attend two days/week
- 3 year olds may choose to join FBC Preschool K3 program

### Infants to 3 Years

Tuesday  
 Thursday

Office Use Only / Circle			
Babies	Cruisers	Toddlers	
2A	2B	2C/D	3

### Infants to 2 year olds MWF (under 2 years, choose up to 2 days)

Monday  
 Wednesday  
 Friday

Office Use Only / Circle		
Babies	Toddlers	2A or 2B

### M-F 2 Years Only

5 Day

### Check desired days:

Mon  Tues  Wed  Thurs  Fri

## GENERAL INFORMATION:

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

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

Home Phone \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Business Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Text Reminders? Cell \_\_\_\_\_ Carrier \_\_\_\_\_

Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Business Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Text Reminders? Cell \_\_\_\_\_ Carrier \_\_\_\_\_

Email \_\_\_\_\_

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Names / Ages of Siblings \_\_\_\_\_

Others Living in Home \_\_\_\_\_

Previous Preschool / Program Attended \_\_\_\_\_

Names of Siblings Enrolled in FBC Preschool Weekday Programs (Preschool,  
Kindergarten, Mother's Day Out) \_\_\_\_\_

**RELIGIOUS AFFILIATION**

Church Membership \_\_\_\_\_ If None, Preference \_\_\_\_\_

**EMERGENCY INFORMATION**

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

In an emergency, persons authorized to act for parents (NOTE: We will always attempt to contact parents first. If unavailable, whom may we call?)

Name	Relationship	Phone
1.		
2.		

**HEALTH**

Allergies / Health Problems: \_\_\_\_\_

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By signing this, I understand that the registration fee is nonrefundable.

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