



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 join FBC Preschool K3 program

Infants to 2 Years

Tuesday
 Thursday

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

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 _____

Primary Contact _____ Occupation _____

Business Name _____ Work Phone _____

Cell _____ Text Reminder? Y / N Carrier _____

Email _____

Secondary Contact _____ Occupation _____

Business Name _____ Work Phone _____

Cell _____ Text Reminder? Y / N Carrier _____

Email _____

Names / Ages of Siblings _____

Others Living in Home _____

Previous Preschool / Program Attended _____

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 _____

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

Signature _____ Date _____

Printed Name _____