



PARKWAY BAPTIST – MOTHER'S DAY OUT STUDENT ENROLLMENT APPLICATION

PLEASE NOTE: Registration Fee: \$75 per child.

Child's Name _____ Age _____ Birthday _____ Gender _____

Address _____

Mother's Name _____ Cell Phone _____

Occupation _____ Work Phone _____

Employer _____ Address _____

Father's Name _____ Work Phone _____

Occupation _____ Work Phone _____

Employer _____ Address _____

Parent/Guardian Marital Status: Married Single Widow(er) Separated Divorced

* If Divorced/Separated, who has legal custody of child? _____

* Do you approve that the non-custodial parent can pick up the child? Yes No Other

* Child's living arrangements: Both Parents Mother Father Other _____

* Is there something that we need to know about the custodial agreement? Please explain:

NOTE: If the non-custodial parent **MAY NOT** pick up the child, court documentation is required for our files. Please see the MDO Administrator for questions.

I would like to enroll my child in the 2, 3, 4, & 5 year-old program

4 days (Mon.-Thurs.) a week **@\$290 per month.**

I would like to enroll my child in the Babies, 1, 2, 3, 4, & 5-year-old program

3 days (Tue., Wed., and Thurs.) a week **@\$250 per month.**

I would like to enroll my child in the Babies, 1, 2, 3, 4, & 5 year-old program

2 days a week (Tues. and Thurs.) **@\$200 per month.**

NOTE: We cannot change days anytime during the year. We staff accordingly. In the event of an emergency, we will try to accommodate. We must stay within proper ratio guidelines.

Do you attend church, if so where?

If you don't have a home church, would you like the Pastoral Staff contact you and share with your family the ministry of Parkway Baptist?

Yes No Maybe—I will call if I need to speak to someone.

What would you like our staff/teachers to know about your child? (Personality, special interest or needs, allergies, etc.)

Is your child potty-trained or currently potty-training? Please share with us any necessary information to support this process. (Key words, rewards used, etc.)



Child Pick-Up Release Form

Please list at least 3 authorized persons below who will be available to pick up your child(ren), and assume responsibility for them in the event of an emergency if parents cannot be reached.

1

Name: _____ Relationship to Child: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone: (H) _____ (W) _____ (C) _____

2

Name: _____ Relationship to Child: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone: (H) _____ (W) _____ (C) _____

3

Name: _____ Relationship to Child: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone: (H) _____ (W) _____ (C) _____

Parent/Guardian Agreement

I, _____, who is the parent/guardian of
(*child's name*) _____, the
student(s) enrolled in the Parkway Baptist Mom's Day Out program, confirms with my
signature below, that I have received a copy of the Parent Manual. I have read and
understand these policies and guidelines, and I agree to abide by them.

Signature of Parent/Guardian

Date



Mom's Day Out Photography and Video Release Form

Date: _____

My Child/Children names enrolled in Lively Stones MDO are:

1. _____
2. _____
3. _____

As the student's legal parent/guardian, please check one the boxes below:

I DO give my permission for my child/children listed above to be photographed and videotaped by our MDO staff for the purpose of advertising, public relations, and family enrichment. I understand and approve that their photo or video by MDO staff can be posted to Social Media (Facebook, Instagram, or Church Website)

I DO NOT give my permission for my child/children listed above to be photographed and videotaped by our staff for the purpose of advertising, public relations, and family enrichment. **I DO NOT** approve of photos or videos to be posted to Social Media (Facebook, Instagram, or Church Website)

Signature of Parent/Guardian