

Parent's Morning Out

Helping Parents Get Life Done Through Great Childcare

Registration Form

Date _____

Child's Name _____

Mother's Name _____ Cell Phone: _____

Father's Name _____ Cell Phone: _____

Email 1 _____ Email 2 _____

Address: _____

City

State

Zip

Home Phone: _____ Work Phone: _____

Birthday _____

Family Church Affiliation: _____

Emergency Contacts:

Name

Phone

relation to child

Name

Phone

relation to child

Known allergies: _____

Special Instructions to Caregivers: _____

Fees: \$17 Daily fee for fall 2011

All fees paid daily or billed monthly

No credits, refunds, or adjustments. All payments must be cash or personal check

***We ask that each child bring in a container of wipes and box of Kleenex upon their first visit. Daily snacks/drink must be provided by parents. Thank you in advance.