



PARKWAY BAPTIST – MOTHER'S DAY OUT

STUDENT ENROLLMENT APPLICATION

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 **@\$265 per month.**

I would like to enroll my child in the 2, 3, 4, & 5 year-old program **3 days** (Tue., Wed., & Thurs.) a week **@\$212 per month.**

I would like to enroll my child in the 2, 3, 4, & 5 year-old program **2 days** a week (Tues., Wed., or Thurs.) **@\$169 per month.**



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