

## 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	Add	ress	
Father's Name		Work Phone	
Occupation		Work Phone	
Employer		_Address	
Parent/Guardian Marital Status: * If Divorced/Separated, who has legal cu * Do you approve that the non-custodial * Child's living arrangements: Both Par * Is there something that we need to kno	ustody of child parent can p rents □Moth	d? ick up the child? □Yes ner □Father □Other	s □No □Other
NOTE: If the non-custodial parent I documentation is required for our questions. I would like to enroll my child in the 4 days (MonThurs.) a week @\$275 p I would like to enroll my child in the 3 days (Tue., Wed., & Thurs.) a week ( I would like to enroll my child in the Norder of the second secon	files. Pleas he 2, 3, 4, & er month. he 2, 3, 4, & @\$220 per he 2, 3, 4, &	5 year-old program 5 year-old program 5 year-old program month. 5 year-old program	
<mark>2 days</mark> a week (Tues., Wed., or Thurs <b>.</b> )	@\$175 per	month.	

NOTE:	We cannot change days anytime during the year. We staff accordingly. In
the ev	ent of an emergency, we will try to accommodate. We must stay within
proper	r 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 chid(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)
8			
Name:	Relationship to Child:		
Address:			City:
State:	Zip:		
Phone: (H)		(W)	(C)
	Parent	t/Guar	rdian Agreement
l,			,who is the parent/guardian of
			, the
student(s) enrolle	d in the Park	way Baptis	st Mom's Day Out program, confirms with my
signature below, t	hat I have re	ceived a c	opy of the Parent Manual. I have read and
understand these	policies and	guidelines	, and I agree to abide by them.

Signature of Parent/Guardian



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