



# 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 **@\$275 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 **@\$220 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.) **@\$175 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)

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***Signature of Parent/Guardian***