**ENROLLMENT FORM**

Faith Family Baptist Church Mother’s Day Out

2019/2020 school year

281-348-5679

**Registration Fee**

(Non-Refundable, Non-Transferable, One time fee annually)

Per Child $150

(Your child’s spot is not held till registration is paid. Please make checks or money orders payable to FFBC MDO or FFBC Mother’s Day out.)

**Monthly Tuition**

(Tuition is due by the 1st of each month)

Per Child $180

Children are enrolled into our program according to their age as of September 1st. (i.e. A child that is turning 2 on September 15th will go into the 1 year old class.) Children enrolling into our **three and four year old classrooms must be 100% toilet trained (potty Trained) NO EXCEPTIONS.**

|  |
| --- |
| This form is to enroll a child into Faith Family MDO. Each additional child will need their own enrollment form completed.  Both Parents’ names:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone # you can be reached at:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Child’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Male or Female:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Birthday:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exact age by Sept. 1st 2019\_\_\_\_\_\_\_\_\_\_\_\_\_  *Office Use only: Class\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

*Office use only: Amt. Paid \_\_\_\_\_\_\_\_\_Paid by \_\_\_\_\_\_\_\_ check number\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_*

*Shot record or exempt form:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Faith Family Baptist Church

Mother’s Day Out

Handbook Receipt

201-2020

Problem Solving Guidelines:

It is the desire of the leadership of Faith Family Mother’s Day Out to have a school that God can use and bless to the fullest. We do not believe this can happen if there is disharmony among the FFBC MDO families. Scripture teaches us that God desires unity for His children. (John 17; 1 Corinthians 12:12-26; Ephesians 4:1-6; 13) With a desire to honor the Lord Jesus Christ with our conduct, words, attitudes, we ask you to abide by the following guidelines when a problem arises with a teacher, the administration, or another parent.

1. **Pray**. Ask God to give you wisdom concerning the situation, to show you what part you may have in the problem, and that you would learn and grow through this situation. (James 1:15)
2. **Do not talk** about the conflict to people who cannot correct or solve it, but do talk to those who can.

The appropriate steps to take would be:

1. Talk to the other person or persons involved, listen to their side of the story, and seek understanding.
2. If it is not resolved, make an appointment with Director or Assistant Director for assistance. (Matthew 18:15-17)
3. **Be quick to forgive and show love.** (Matthew 18:21-22; 1Corinthians 13:4-8; 1 Peter 4:8)
4. **Always speak the truth in love.** (Ephesians 4:15)

As a parent/guardian at Faith Family Mother’s Day Out, it is my desire to follow Scripture, and I agree to follow the procedures outlined above in handling any problems or misunderstandings that may arise while my child(ren) is enrolled at Faith Family Mother’s Day Out. I have read and agree to the policies outlined in the Parent/Student Handbook.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Parent/ Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name Date

General Information Sheet / Faith Family Baptist Church

Mother’s Day Out

**Please complete for each child**

Child’s Name:

Child’s Address:

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:

Phone Number:

Email Address:

Date of Birth:

Parent’s Name: (Mom)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Dad)

Name of church you attend:

With whom does your child live with most of the time?

Siblings names and ages \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your child’s t-shirt size? Circle which size applies to your child:

Youth XS (2-4) Youth S (6-8) Youth M (10-12)

Your child’s teacher would like to know:

Name of pets:

Favorite activity:

Child’s fears:

Medical problems / allergies:

Eating habits:

Nap habits:

Toilet training status:

(Children in the 3 and 4 year old classes MUST be potty trained)

|  |
| --- |
| **EMERGENCY PHONE NUMBERS**  Mother’s cell#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dad’s cell#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mother’s work#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dad’s work#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dad:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Place of employment Company’s main number Place of employment Company’s main number  Mom Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dad Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  In case of emergency and you cannot be reached, please list names of friends/relatives for us to contact.  Name/ph.#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name/ph.#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  List ALL people authorized to pick up your child other than yourself.  Name/ph.#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name/ph.#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*Signature of parent / legal guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Photograph Release Form**

We the parents or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(do) (do not)**

give Faith Family Baptist Church MDO permission to take photographs of our child for classroom use.

We the parents or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(do) (do not)** give Faith Family Baptist Church MDO permission to publish or display the pictures in end of year books or church in house bulletin boards. I understand that my child’s name could be published with the picture.

We the parents or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(do) (do not)** give Faith Family Baptist Church MDO permission to publish or display the pictures on the Faith Family MDO Facebook page. I understand that my child’s name could be published with the picture.

Please circle your request, sign and date.

Child’s Name (Please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/Physician Address Phone #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of Hospital Phone #

I hereby give consent for this facility to secure any and all necessary emergency medical care for my child. (I also authorize the person in charge to call 911 for transport if necessary.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature or Legal Guardian Date

Initial all that apply:

\_\_\_\_\_\_\_ I acknowledge receipt of Faith Family Baptist Church Mother’s Day Out parent / student handbook.

Faith Family Mother’s Day Out

Over-the-Counter Product Release

2018-2019

Dear Parents,

Occasionally your child may require first aid during the day. For these occasions, we maintain a limited supply of first aid products. Please complete the following form and return it with enrollment materials.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I/we give permission for my child to *have* these first aid products administered when deemed necessary. *Please indicate with a check mark any / all items your child may receive.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Bactine *(abrasions, cuts)* |  | Caladryl or Cala-Gel *(itching)* |
|  | After Bite *(insect bites)* |  | Sterile Eye Wash |
|  | Hydrogen Peroxide *(abrasions)* |  | Betadine *(abrasions)* |
|  | Sunblock Lotion *(in the event a child*  *failed to provide his/her own lotion)* |  | Triple Antibiotic Ointment *(Bacitracin Neomycin Sulfate, Polymyxin B Sulfate for abrasions)* |

I authorize the person in charge to administer to my child the above first aid products.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Name (please print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Signature Date

Please Note: The above over-the-counter medications **will not** be given without parental consent.