



MDO/Preschool Registration

Registration must be accompanied by registration fee to assure child's admittance into the program.

Registration fees of \$100.00 for year round students (per child) and \$30 for only summer students (per family) is non-refundable. There is also a non-refundable Supply Fee due by the first day of attendance

Circle: Fall / Summer

Registration amt. pd _____

Starting date _____

Monthly payment: _____

MDO: Classroom age: Child must be stated age of the class by September 1.

____Nursery ____Toddlers ____2's **MDO: 9:00 – 1:00** M T W TH F (circle choices)

Preschool:

____Three's ____Four's **Preschool: 9:00 – 1:00** M T W TH F (circle choices)

Child's name: _____ Name called: _____ Sex: M F

Home phone: _____ Birthdate: _____

Parent's names: _____
(Please include first and last names of each)

Address: _____ City: _____ Zip: _____

Mom's work phone: _____ Mom's cell: _____

Mom's email: _____

Mom's employer _____

Dad's work phone: _____ Dad's cell: _____

Dad's email: _____

Dad's employer _____

Emergency person to contact other than parent:

Name: _____ Phone number: _____

Church affiliation: _____ Member: Yes No

Allergies, medical conditions, birthmarks? _____

For Allergies – circle one: Mild Moderate Severe

Pediatrician: _____ Phone: _____

My child may be picked up by the following people only: (first and last names)

*** By signing this form, I am obligating my child/children to attend and agree to pay all tuitions and monies due for my child's/children's attendance. I must give a written two week notice for withdrawal and all changes to the pick-up list will made in writing, signed and dated by all legal guardians. This can only be overridden by legal documentation.

BOTH PARENT/GUARDIANS MUST SIGN FOR THIS FORM TO BE VALID.

Parent's/Legal Guardian signature: _____ Date: _____

Parent's/Legal Guardian signature: _____ Date: _____