

**Mother's Morning Out Registration
2017-2018**

Church Member ____ **Non-Member** ____

First Month's Tuition, due at registration

Child's Name _____ Goes by _____

Birthday _____ Current Age _____

Address _____

City _____ State ____ Zip _____

Child's Physician _____ Phone _____

Please circle the day(s) your child will be attending the program:

Monday

Wednesday

Friday

Emergency Contact Information:

Mother _____ Phone _____

Father _____ Phone _____

Other/Relationship _____ Phone _____

Please list any allergies or special instructions for your child: