

**NEPC Mother's Morning Out
2017/2018 Registration Form**

Child's Name: _____ Date of Birth: _____

Parent(s) Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Church Affiliation: _____

Emergency Contact during MMO (other than parent):

Physician's Name and Phone Number:

Health Insurance Provider and ID#: _____

Medical Alert: Please list any allergies, medications, and any other pertinent information.
(Please note caregivers are not permitted to give any medication to children.) _____

Parental Consent: I give my consent for my child to be under the supervision of the NEPC caregivers. I understand every effort will be made to contact me if an emergency arises, however, if I cannot be reached I give permission to NEPC staff to seek medical attention for my child.

Signed: _____ **Date:** _____

Mother's Morning Out Class Options:

_____ **One** Day a Week: _____ Wednesday _____ Friday

_____ **Two** Day a Week:

* Please note all children enrolled in the combined 3 & 4 year old class must be potty-trained and out of pull-ups.

FOR OFFICE USE ONLY

- \$50.00 non-refundable deposit received
(includes annual \$25 registration fee and \$25 of Session 1 fee)
- \$100.00 session fee received for one-day/week option
- \$200.00 session fee received for two-day/week option

Date: _____

Date: _____

Date: _____