



**NEPC Mother's Morning Out**

**2018-2019 Registration Form**

**Please Print**

Child's Full Name: \_\_\_\_\_ Age: \_\_\_\_ DOB: \_\_\_\_\_

Parent(s) Name: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Phone: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Emergency Contact (Other than parent): \_\_\_\_\_

Health Insurance Provider and ID: \_\_\_\_\_

ID# \_\_\_\_\_

Physician's Name:

\_\_\_\_\_ Phone: \_\_\_\_\_

Immunization Record: yes \_\_\_\_\_ no \_\_\_\_\_ Date received: \_\_\_\_\_

Medical Alert: Please list any allergies, medications, and any other pertinent information to ensure the health and safety of your child while attending Mother's Morning Out.

I hereby grant and authorize NEPC the right to take, edit, alter copy, exhibit, publish, and make use of any and all pictures of my child.

Photo Release: Yes \_\_\_\_\_ No \_\_\_\_\_

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 in the event of an emergency. However, if I cannot be reached I give permission to NEPC staff to seek medical attention for my child.

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

Mother's Morning Out Day Options:

\_\_\_\_\_ One day a week: \_\_\_\_\_ Wednesday \_\_\_\_\_ Friday

\_\_\_\_\_ Two day a week

Toddlers \_\_\_\_\_ Twos \_\_\_\_\_ 3s \_\_\_\_\_ 4s \_\_\_\_\_

(1year old -2yrs. old)      (2yrs. old-3yrs. old)      (3yrs. old-4yrs.)      (4yrs. old – 5yrs)

---

- Please note the birthday cut off for all age groups is September 1.
- All children enrolled in the three and four year old classes must be fully potty-trained and out of pull-ups.
- Fees are based on Sessions. Sessions can range from 7- 9 weeks long.
- Music fee will be an additional \$16.00-\$20.00 **per session** held on Wednesday.

---

FOR OFFICE USE ONLY

\$75.00 non-refundable deposit received. \_\_\_\_\_ Date: \_\_\_\_\_

Check # \_\_\_\_\_ Cash \_\_\_\_\_

(Includes \$35.00 annual registration fee and \$40.00 of Session 1 fee)

Balance due for a two day a week option. \_\_\_\_\_ Date received: \_\_\_\_\_

Balance due for a one day a week option. \_\_\_\_\_ Date received: \_\_\_\_\_

Comments:

\_\_\_\_\_

---