



**NEPC Mother's Morning Out Preschool**

**2022-2023 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 \_\_\_\_\_

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 Preschool

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 \_\_\_\_\_ Private MMO Facebook group posts only \_\_\_\_\_ 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 Class Options:

Toddlers: \_\_\_\_\_ 2's: \_\_\_\_\_ 3's: \_\_\_\_\_ 4's: \_\_\_\_\_

\_\_\_\_\_ **Two Day option for Toddler room only:** Monday \_\_\_\_\_ Wednesday \_\_\_\_\_ Friday \_\_\_\_\_

(Toddlers 1-2yrs. old) (Twos 2-3yrs. old) (3s 3-4yrs. old preschool) (4s 3-4yrs. old preschool)

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- 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 are 9 weeks long. Four sessions per year.
  - Music and supplies are included in the session fee.
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FOR OFFICE USE ONLY

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**\$100.00** non-refundable registration deposit required: \_\_\_/\_\_\_/\_\_\_

**\$400.00** Session fee received for two day week option. \_\_\_/\_\_\_/\_\_\_ or

**\$200.00 Monthly** Aug. \_\_\_\_\_, Sept. \_\_\_\_\_, Oct. \_\_\_\_\_, Nov. \_\_\_\_\_,

Jan. \_\_\_\_\_, Feb. \_\_\_\_\_, Mar. \_\_\_\_\_, Apr. \_\_\_\_\_

**\$450.00** Session fee received for three day a week option. \_\_\_/\_\_\_/\_\_\_ or

**\$225.00 Monthly** Aug. \_\_\_\_\_, Sept. \_\_\_\_\_, Oct. \_\_\_\_\_, Nov. \_\_\_\_\_,

Jan. \_\_\_\_\_, Feb. \_\_\_\_\_, Mar. \_\_\_\_\_, Apr. \_\_\_\_\_

Pick-Up Authorization form received: \_\_\_\_\_

Balance due: \_\_\_\_\_

Comments:

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