



First Baptist Church of Loeb Mother's Day Out

CHILD'S NAME: _____ BIRTHDATE: _____

To secure a place for your child in our MDO program for the SCHOOL YEAR 2026 - 2027, the following information must be received:

_____ Registration fee (Non-refundable) of \$100.00
PAYABLE TO: FIRST BAPTIST LOEB MDO

_____ Advance tuition payment in the amount of \$160.00

_____ Enrollment forms complete

_____ Current shot record **need by September 1*

***The monthly tuition of \$160.00 must be paid in full each month. No fees will be refunded if a child is absent. All monthly tuition payments are depended on for teacher salaries and monthly operating expenses as budgeted for the school year. _____ (Parent initials)

NOTES/COMMENTS: _____

TOTAL AMOUNT RECEIVED: \$ _____	REGISTRATION \$ _____
CASH CHECK # _____	TUITION \$ _____

PAYMENT BY CREDIT CARD: _____

BALANCE DUE ON ACCOUNT: \$ _____	FAMILY DISCOUNT: \$ _____
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OTHER: _____

Family Registration



800-338-3884 | www.procaresoftware.com

Child Information

Registration Date: _____

1st Child

Last Name		First Name		M.I.	Nickname
Age as of September 1	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date			

Existing medical conditions, medications and/or special attention your child may require

Allergies

Pediatrician's Name	Phone	Address
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Photos: May we take and maintain a photo of your child for security purposes?

Yes No

Permission to post child photo on social media? Yes No

2nd Child

Last Name		First Name		M.I.	Nickname
Entering grade	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date			

Existing medical conditions, medications and/or special attention your child may require

Allergies

Pediatrician's Name	Phone	Address
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Photos: May we take and maintain a photo of your child for security purposes?

Yes No

Permission to post child photo on social media? Yes No



Primary Guardian Information

Name(s) of person(s) with whom child is living

1st Primary Guardian					
Last Name		First Name		M.I.	Relationship to Child
Email Address			Work Phone		Cell Phone
Occupation	Employer				
2nd Primary Guardian					
Last Name		First Name		M.I.	Relationship to Child
Email Address			Work Phone		Cell Phone
Occupation	Employer				
Which Guardian Should be Called First?		Home Phone			:
Home Resident Street Address			Apt #	City	Zip Code
Mailing Address (if different than above)			Apt #	City	Zip Code

Second Guardian Information

Non-primary custodial parent

1st Non-primary Guardian					
Last Name		First Name		M.I.	Relationship to Child
Email Address			Work Phone		Cell Phone
2nd Non-primary Guardian					
Last Name		First Name		M.I.	Relationship to Child
Email Address			Work Phone		Cell Phone
Which Guardian Should be Called First?		Home Phone			Should mailings be sent to this household also? [] Yes [] No
Second Household Mailing Address			Apt #	City	State Zip Code

Additional Comments & Information: _____



Emergency Contacts and Authorized Pickups

1st Contact/Pickup				
Last Name		First Name		Relationship to Child
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____		
2nd Contact/Pickup				
Last Name		First Name		Relationship to Child
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____		
3rd Contact/Pickup				
Last Name		First Name		Relationship to Child
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____		

How did you find out about our program? _____

Church membership: _____

Are you a member of First Baptist Church of Loeb? _____

Additional Comments and Information

Is there is any other information that that would be helpful to our management and teaching staff?

Signature

Parent / Guardian Signature

Date





GETTING ACQUAINTED

CHILD'S NAME: _____ AGE: _____ M F

MOM'S NAME: _____

BROTHERS/SISTERS (include ages):

_____	_____
_____	_____
_____	_____
_____	_____

FAMILY RELIGIOUS PREFERENCE: _____

CHURCH MEMBERSHIP: _____

HOW DID YOU FIND OUT ABOUT OUR PROGRAM: _____

OUR PETS: _____

CHILD'S SPECIAL INTERESTS: _____

HAS YOUR CHILD ATTENDED PRESCHOOL OR DAYCARE BEFORE: _____

FEARS/CONCERNS MY CHILD HAS: _____

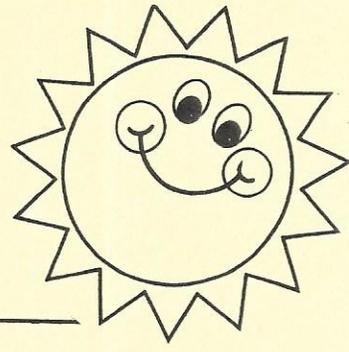
ACTIVITIES MY CHILD CAN NOT PARTICIPATE IN: _____

NAME YOU WOULD PREFER YOUR CHILD TO GO BY AND LEARN TO WRITE

****All three year olds must be completely potty trained by September 1.**



TODDLERS



Child's Name: _____ Birthdate: _____

Address: _____ Age: _____ Sex: M F

Mother's Name: _____ Cell: _____

Father's Name: _____ Cell: _____

Occupation: _____

Emergency Phone Number: _____

Name: _____ Relation to child: _____

Brothers/Sisters (including ages) _____

Pets: _____

Special interests: _____

Fears: _____

Allergies/Asthma/Foods child is not allowed:

Is child able to feed himself _____ Does your child still take a bottle _____

Does your child have a pacifier _____ Naptime bottle/pacifier _____

Does your child nap during the day _____ Time _____

Would you prefer a crib _____ or a nap mat _____ during naptime.

Does your child require a special blankie, stuffed animal, lovey, etc. or special instructions for taking a nap?

