

First Baptist Church  
 Mother's Day Out Program  
 210 S. Morgan Avenue  
 Broussard, LA 70518  
 (337) 837-1112 FAX: (337) 837-3728  
 Lisa Ledet, Director  
**2018-2019 Registration**

Child's Name: \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

	Mother	Father
<b>Name</b>		
<b>Address</b>		
<b>Employer</b>		
<b>Home Phone #</b>		
<b>Work Phone #</b>		
<b>Cellular Phone #</b>		
<b>Email Address</b>		

**Parents' Relationship to Each Other:**  Married  Divorced  Separated  Single  
 (If divorced, a copy of the Divorce Decree noting guardianship, days of visitation, etc., must accompany this form.)

**Child lives with** (please check all that apply):  Mother and Father  Mother  Father  Other  
 If other, please describe \_\_\_\_\_.

**Child's Doctor:** \_\_\_\_\_ **Doctor's Phone #:** \_\_\_\_\_

**Child's Dentist:** \_\_\_\_\_ **Dentist's Phone #:** \_\_\_\_\_

**Release of Child**

I understand that my child will only be released to the parents listed above and individuals listed below on the registration form. I understand the individuals listed below can be updated throughout the school year. Individuals listed will be required to show identification. I authorize that my child, \_\_\_\_\_, be released by First Baptist Church Mother's Day Out Program to the following individuals.

Individuals to contact in case of an emergency if parents are unable to be contacted:

- \_\_\_\_\_ Phone #: \_\_\_\_\_
- \_\_\_\_\_ Phone #: \_\_\_\_\_
- \_\_\_\_\_ Phone #: \_\_\_\_\_
- \_\_\_\_\_ Phone #: \_\_\_\_\_

Date of Admission: \_\_\_\_\_

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**Mother's Day Out may release my child to the following additional individuals:**

Name	Relationship

Does your child have any food allergies? Yes No \_\_\_\_\_

Does your child have any dietary restrictions? Yes No \_\_\_\_\_

Does your child have any other allergies? Yes No \_\_\_\_\_

Does your child have any medical conditions? Yes No \_\_\_\_\_

I authorize First Baptist Church Mother's Day Out Program to secure emergency medical treatment for my child.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please check preferred days: Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_

Registration Fee (Non-refundable): \$75.00

Monthly Tuition: 2 days per week -- \$185, 3 days per week -- \$245, 4 days per week -- \$295

Curriculum Fees: 2 year olds -- \$40, 3 year olds -- \$50, year olds -- \$70

Optional Information: Family Religious Preference \_\_\_\_\_

Church Membership \_\_\_\_\_

How did you find out about our program? \_\_\_\_\_

Date of Admission: \_\_\_\_\_