lakeshore church

MDO

Mother's Day Out

Fall Registration 2024/2025

Child's Information:

First Name: ______ Middle: ______ Last Name: ______

Nick Name: ______ Male: ______ Female: ______

Address: ______ City: ______ Zip: ______

Home Phone: ______ Birthday: ______

Allergies/Food Restrictions: ______

______

Has your child attended preschool/daycare before: ☐ YES ☐ NO

If yes, When/Where: ______

Parent/Guardian Information:

Name:		Name:	
Relationship:		Relationship:	
Cell Phone:		Cell Phone:	
Email:		Email:	
Employer:		Employer:	
Work Phone:		Work Phone:	

Sibling Information:

Names/Ages: ______

One Year Old Class:	2 Days (T/Th): ☐	3 Days (M/W/F) : ☐	5 Days: ☐
Two Year Old Class:	2 Days (T/Th): ☐	3 Days (M/W/F) : ☐	5 Days: ☐
Three Year Old Class:	2 Days (T/Th): ☐	3 Days (M/W/F) : ☐	5 Days: ☐
Four Year Old Class:	2 Days (T/Th): ☐	3 Days (M/W/F) : ☐	5 Days: ☐
PreK Class:	5 Days (Mandatory): ☐		

Office Use ONLY:

Registration Fee: ☐ Supply Fee: ☐ Check#: ______ Date: ____/____/____

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Authorization For Pick-Up

Please list the person(s) authorized to pick up your child, including yourself. Each authorized person must be at least 16 years old. *Your child will not be allowed to leave the program with anyone not listed below*. Authorized person(s) may receive the child in person and may be required to show identification to program staff. Children will not be handed over to person(s) who do not present an acceptable ID upon request.

If the pick up person is not on your authorized list we will require a written note or a call to the program Director.

Student Name:_____ **Parent Name:**_____

Please include names of both parents/guardians on this list.

Name:	**Phone:**	**Relationship:**
Name:	**Phone:**	**Relationship:**
Name:	**Phone:**	**Relationship:**
Name:	**Phone:**	**Relationship:**
Name:	**Phone:**	**Relationship:**
Name:	**Phone:**	**Relationship:**
Name:	**Phone:**	**Relationship:**

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Medical Release Form

In the event that I cannot be contacted and my child, _____, should need medical attention, I give Lakeshore MDO permission to provide necessary medical attention. I further consent to medical, surgical, and/or hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary.

I also give permission for my child to be transported by ambulance to the nearest medical emergency center or hospital for medical treatment should the MDO Director feel the situation is life threatening.

Child's Physician: _____

Physician's Phone #: _____ Preferred Hospital:_____

Insurance Company: _____ Insurance Phone:_____

Insurance Policy #: _____ Group #: _____

Child's Medical Information

Known Allergies or Illnesses:

_____

_____

Please list any medications your child is currently taking and why:

_____

Please Note: *Proof of immunizations or a waiver must be submitted with this form.*

Parent Name (print):_____

Parent Signature:_____ Date:____/____/_____

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Photo Release Form

Child's Name:_____ Date:____/____/_____

I understand that my child whose name is listed above may be photographed at the MDO during normal hours or activities. I understand that these photographs may be used in promoting child care services, either in print or on the internet.

With my signature below I grant permission for my child to be photographed, or their images recorded for print or electronic use in promoting the MDO's services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above use. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release.

Parent Signature: _____ Date: ___/____/_____

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Registration is $225 per child or $175 for Lakeshore Church members.

	Monthly Tuition	Annual Supply Fee
2 Days (Tuesday/Thursday)	$225	$215
3 Days (Monday/Wednesday/ Friday)	$325	$240
5 Days (Monday-Friday)	$500	$265
PreK 5 Days (Mandatory)	$500	$290

Registration fees are not refundable.

Before-Care Monthly Rates:

Days per week	Before-Care Fee
Tuesday/Thursday	$40
Monday/Wednesday/Friday	$60
Monday - Friday	$90

$12 Per day drop-in fee (Must register in advance, and only if spots are available).