



## Mothers'-Day-Out-Ministry

FBC 100 North First Wylie TX 75098

Church phone 972-442-2261

Director: Dawn Atkins dawnatkins@verizon.net

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Thank you for your interest in our Mothers-Day-Out Stay & Play Program. We meet each Tuesday from 11:45-2:00. This allows for you to have a few extra hours without your preschooler. We also have a Full Day MDO Program for any younger siblings that might be interested.

This application process listed below is correct for children wanting to join our MDO Stay & Play program. There is a separate application for Full Day students

To apply for enrollment please submit all of the following to the FBC office for EACH child.

- Registration application
- Registration fee of \$65 per family
- Completed and signed MDO Agreement of policies
- Child insurance and parental release form
- Payment Options Page

Thank you for making application for enrollment with FBC's Mothers-Day-Out program.

This registration application does not guarantee a placement within our program. Space is limited. Positions are filled on a first come basis. Your application will be processed and you will be notified of enrollment or your position on our waiting list. Your fee will be returned if we cannot place you at this time.

Sincerely,  
Dawn Atkins



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## Registration Application for Student

Please fill out a separate form for each child.

Name (full):

Age:

Gender:

Birth Date:

Home Phone:

Emergency Phone Number:

Address

Email Address:

Desired Enrollment: (circle one)

MDO Tuesday

Stay N Play

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

Would you like to receive more information about FBC and our programs?

YES      NO

Parents & Guardians: (please list information on anyone we could contact in an emergency or could pick up the child)

Name	Address	Phone	Cell/Work	relationship

Are parents currently: Married    Separated    Divorced    Widowed

I hereby authorize the MDO staff to allow my child to leave the church with the people listed above:

(signed & dated) \_\_\_\_\_

My child will normally be picked up by: \_\_\_\_\_

**This form must be signed IN FRONT of the notary. It cannot be notarized otherwise.**

MDO Parent Release Form & Child Insurance Information:

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**In the event that \_\_\_\_\_ becomes ill or sustains an injury while attending MDO at First Baptist Church of Wylie, Texas I, the undersigned, give my permission to those in charge to take whatever steps are necessary to stop any bleeding and or to administer first aid.**

**I also consent to an x-ray examination, anesthetic, medical or dental or surgical diagnosis and treatment including invasive procedures and hospital care as well as the administration of drugs or medicine to be rendered to my son or daughter under the general or specialized supervision and upon the advice of a duly licensed physician and or surgeon.**

**I understand that this consent will apply to all emergency situation present and future in effect until written revocation is made.**

**I also assume responsibility for any medical and emergency expenses in the event of accident or injury or other incapacity, regardless of whether I have authorized such expenses.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, in the year 20\_\_\_\_

Insurance Company: \_\_\_\_\_

Group/Policy Number: \_\_\_\_\_ Member/ID #: \_\_\_\_\_

Plan Number: \_\_\_\_\_ Insurance Phone Number: \_\_\_\_\_

Medical, Physical or other limitations: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Last Tetanus shot: \_\_\_\_\_ Allergies: \_\_\_\_\_

Preferred Hospital if reasonable based on emergency: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Parent/Guardian

Names: \_\_\_\_\_ Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

**PLEASE STOP AND SIGN IN FRONT OF NOTARY!**

Parent/Guardian Signature: \_\_\_\_\_

Notary: \_\_\_\_\_ Date my commission expires: \_\_\_\_\_



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MDO is a ministry of FBC. It is primarily self-funded. All monies and fees are used for supplies, expenses, and salaries. We depend on your attendance and prompt payment for continued ministry and operation.

Please read and review the detailed explanation of these topics before signing. Full policy is available on line or in church office.

- Registration
- Tuition
- Short Months
- Withdrawing
- Inclement Weather
- Late Fees
- Penalty
- Supplies
- Birthday Celebrations
- Drop Off
- Illness
- Emergencies

Agreement: I have read and agree to abide by the above fee schedule, financial procedure, fee payment plan and daily operations.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\*These policies are posted on our MDO website and will be given to you on the first day of MDO. If you would like a copy emailed to you, please send Mrs. Dawn a note at [dawnatkins@verizon.net](mailto:dawnatkins@verizon.net).



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### *Tuition Options*

All tuition will be due the first Tuesday of the month. This year, we have two options for your payment.

Please check the option you prefer.

#### **Tuesday MDO**

\_\_\_\_\_ Pay in full for the year. The total for the year will be \$640 per child plus the \$65 family registration fee. If you choose this option, your money must be received by September 1<sup>st</sup>.

\_\_\_\_\_ 8 equal payments of \$80 per child. These payments will be due on the first Tuesday of each month.

#### **Tuesday Stay & Play**

\_\_\_\_\_ Pay in full for the year. The total for the year will be \$360 per child plus the \$65 family registration fee. If you choose this option, your money must be received by September 1<sup>st</sup>.

\_\_\_\_\_ 8 equal payments of \$45 per child. These payments will be due on the first Tuesday of each month.

Child's Name: \_\_\_\_\_

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