



Mother's Day Out

Dear Parents,

Thank you for selecting Mother's Day Out for your child for the 2012-2013 school year. Below are the enrollment forms you will need to register your child. **In order to ensure your child's class placement, all forms should be downloaded, completed and returned along with payment of the Registration/Supply fee and May 2013 tuition.**

Please mark your calendars:

Wednesday morning, August 29, 2012: MEET THE TEACHER/PARENT ORIENTATION FOR PARENTS & CHILDREN

PLACE: Mother's Day Out: (Worship Center Bldg)

TIME: 9:00 – 10:00 a.m. – 1st Session

10:00 – 11:00 a.m. - - 2nd Session

**** Please enter the Worship Life Center building from the back parking lot. ****

Children signed up for Monday – please come at either time

Children signed up for Wednesday 9:00 am – 10:00 am - 1st Session

Children signed up for Thursday 10:00am -11:00 am – 2nd Session

*** If your child is registered for any combination of days, you may attend any **one** session of the orientation. ***

Drop your child off in his/her classroom – there will be sheets with children's assigned rooms/teachers in the hall by the office. There is no child-care provided for siblings.

First session begins as follows:

Parent Orientation will begin at 9:20-9:45 in Worship Center

Pick your child up between 9:50 -10:00

Second session begins as follows:

Parent Orientation will begin at 10:20-10:45 in Worship Center

Pick your child up between 10:50 – 11:00

Reminder Dates: First Day of School -

***Wednesday, September 5*, *Thursday, September 6*,**

***Monday**

September 10*: Classes begin at 9:15. **Please enter the Worship Life Center building from the back parking lot.**

In an effort to help you be ready for school, you will need the following:



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THINGS TO BRING WITH YOUR CHILD TO SCHOOL:

Lunch
Resting Mat
Special comfort for naptime (i.e.: blankie, binky, sofee)
Extra clothes & socks
3 diapers or pull-ups
Bottles or sippie cups

LABEL, LABEL, LABEL...teachers have 12 or so children to try to keep up with, and **labeling** assures you and us that your child goes home with all of their belongings!

WE ASK THAT YOU CONTRIBUTE TO OUR YEAR-PANTRY – these supplies are pantry supplies vs. the school supplies that you pay for in your registration/supply fee. You may drop these pantry supplies in the Office. This is a onetime request!

1 BOX WIPES (IF YOUR CHILD IS IN DIAPERS)
1 ROLL PAPER TOWELS
1 ROLL WAX PAPER
1 DISPOSABLE CAMERA

Thank you so much!!

Please call us at 281-469-5867 if you have any questions. If we are not in the office, leave us a message and we will get back to you as soon as we are able. We look forward to a great year. See you at Orientation.

Serving Him!

Mari Ramos
Director

MOTHER'S DAY OUT

Student Enrollment Form



Child's First Name: _____ Last Name: _____

Birthdate: ____/____/____ Male Female Nickname: _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Subdivision: _____

PARENT INFORMATION

Mother First Name: _____ Last Name: _____

Employer: _____ Occupation: _____

Work Phone: _____ Cell Phone: _____

Father First Name: _____ Last Name: _____

Employer: _____ Occupation: _____

Work Phone: _____ Cell Phone: _____

Primary Email for Newsletters & Reminders: _____ @ _____

EMERGENCY CONTACTS

Persons to contact if parents can't be reached in case of accident or illness. Two persons **must** be provided other than Mother and Father. Out-of-town contacts are permissible.

Name: _____ Phone: _____

Name: _____ Phone: _____

PERSONS AUTHORIZED TO PICK UP MY CHILD

I hereby authorize Mother's Day Out to allow my child to leave the school with the two persons listed above as Emergency Contacts and the following persons:

Name: _____ Phone: _____

Name: _____ Phone: _____

Child's Name: _____

Previous programs in which child has participated:



Sunday School MDO Other

If so, where? _____

Child Lives with: Mother Father Grandparents Other

Sibling Names & Ages: _____

Primary language spoken at home: English Other: _____

Church Affiliation, if any: _____

Personality traits that best describe child: Outgoing Passive Shy
Active Sensitive Easygoing Cheerful Moody Restless

Favorite interests/activities of child: _____

Is child able to verbalize his/her feelings? Yes No

Fears or anxieties with which child is struggling: _____

What do you find is the best way to "soothe" child during a difficult situation? _____

What disciplinary techniques do you use at home to stop or change unwanted behavior?

Please check one: Is your child –

In diapers In the process of potty training Completely potty trained

Days registering for:

Monday

Wednesday

Thursday



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Enrollment Date: _____

For the sibling discount I have another child in:

MDO program

NAP program

I am a **registered** Cypress Bible Church member **Yes**

No

MEDICAL INFORMATION

Physician Name: _____ Phone: _____

Insurance Company: _____ I.D. # _____

Medical or Developmental Conditions or Dietary Restrictions? No Yes If yes, please list:

Food Allergies? No Yes If yes, please list: _____

Other Allergies? No Yes If yes, please list: _____

EpiPen required for food or other allergy? Yes No An Authorization to Administer EpiPen is required when EpiPens are supplied to the school.

ADDITIONAL AUTHORIZATIONS

I hereby give my permission for my child to be taken to the nearest doctor or hospital and receive medical treatment in case of emergency. I agree to be financially responsible for such treatment.

I hereby grant do not grant Mother's Day Out permission to photograph/video tape my child for use in classroom activities, newsletters, or on the Cypress Bible Church website.

I acknowledge that I have read the Mother's Day Out Parent Handbook online at cypressbible.org and agree to comply with the policies as set forth. (A hard copy may be received by calling the Mother's Day Out office.)

Parent Signature: _____ Date: _____

Medical Evaluation Form



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