

# Kids at Lytle Mother's Day Out Registration 20\_\_\_\_-\_\_\_\_

FOR OFFICE USE:

HandAg \_\_\_\_\_ SchSup \_\_\_\_\_

ImmRec \_\_\_\_\_ AbtMe \_\_\_\_\_

Child: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Parent(s) Cell Phone Number(s): *Mom* \_\_\_\_\_ *Dad* \_\_\_\_\_

Can we text you? \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

In case we can't reach you, who may we contact in the case of an emergency?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

The following people are authorized to pick my children up from MDO:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Children's Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Are you a member of a church? \_\_\_\_\_ If yes, where? \_\_\_\_\_

How did you hear about LSBC MDO? \_\_\_\_\_

*I am interested in filling in*

*occasionally as a substitute teacher.*  YES  NO

*becoming a MDO teacher.*  YES  NO

## MEDICAL RELEASE

I give my permission for my listed child(ren): \_\_\_\_\_ to participate in all activities planned by Lytle South Baptist Church (LSBC). All employees and adult agents of Lytle South Baptist Church are herewith given the authority: To consent to any medical treatment that may be required by my above registered child. Further, in consideration of the services performed by Lytle South Baptist Church and the employees, servants and agents thereof are herewith released from liability for all actions taken in good faith during said activities. The undersigned parent/guardian acknowledges that Lytle South Baptist Church and its staff are not responsible in any manner for any accidents that may occur in and around the premises of its church location including, but not limited to: 1125 E. Industrial Blvd. and their surrounding ingress and egress areas. The undersigned fully assumes responsibility for a child's safe arrival and departure to and from activities at LSBC, 1125 E. Industrial Blvd.

## PHOTO RELEASE

The undersigned also gives permission for his/her child to be photographed/video taped during his/her classes at LSBC. LSBC shall retain full ownership and copyright of all such photo/videos taken of a student. LSBC shall have the irrevocable right to use any such image in any and all marketing endeavors, including but not limited to: marketing, media releases, Internet use, composite or segmented use, and preparation of other work which may incorporate student's image.

## FINANCIAL OBLIGATION

The undersigned further acknowledges and agrees to all financial responsibilities that are set forth in the **MDO Handbook** concerning tuition, registration fees and other matters concerning attendance of a child at Lytle South Baptist Church's Mother's Day Out (LSBC MDO). Tuition is due at the beginning of each month and considered late if not received by the tenth. A **late fee of \$10** will be added onto your family's account if payment has not been received by the tenth of each month. *I understand that once my child is registered, I am obligated to pay tuition in full each month regardless of my child's attendance. A 30 day in advance written notice* is required to withdraw your child/children from our program and end tuition charges.

My signature verifies I have read and understood the above policies of LSBC MDO.

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

\_\_\_\_\_  
Date

*Please fill out student information on the reverse side of this form.*



**Child #1 Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_

I am allergic to: \_\_\_\_\_

Will you be entering Pre-Kindergarten next year? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Special Comments/Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Child #2 Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_

I am allergic to: \_\_\_\_\_

Will you be entering Pre-Kindergarten next year? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Special Comments/Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Child #3 Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_

I am allergic to: \_\_\_\_\_

Will you be entering Pre-Kindergarten next year? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Special Comments/Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Child #4 Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_

I am allergic to: \_\_\_\_\_

Will you be entering Pre-Kindergarten next year? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Special Comments/Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



### LYTLE SOUTH BAPTIST CHURCH

Church: 325.692.3296  
Director's cell: 806.928-9434

Please return Registration payment and completed form to Melissa Rogers, MDO Director.  
We cannot hold your child's place until we have received both items.  
You will receive a welcome packet with further instructions once you have completed registratic



MAIL to:  
P. O. Box 5390  
Abilene, TX 79608

CHURCH:  
1125 E. Industrial Blvd.  
Abilene, Tx 79602