

Kids at Lytle Mother's Day Out Registration 20____-____

FOR OFFICE USE:	
HandAg _____	Reg Fee _____
ImmRec _____	AbtMe _____

Start Date: _____

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 YES NO

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 YES NO

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 YES NO

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: 325.695.6533

Please return Registration payment and completed form to the church.

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 registration.



MAIL to:

P. O. Box 5390
Abilene, TX 79608

CHURCH:

1125 E. Industrial Blvd.
Abilene, Tx 79602