

**Please Print Clearly & Fill In All Blanks**



# Mother's Day Out

**CHILD'S INFORMATION:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

**FATHER'S INFORMATION:**

**MOTHER'S INFORMATION:**

Full Name \_\_\_\_\_ Full Name \_\_\_\_\_

Home Number \_\_\_\_\_ Home Number \_\_\_\_\_

Cell Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Are you a member of a local church?      Yes      No  
If Yes, Where? \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

**ENROLLMENT INFORMATION:**

Please enroll my child in:

Two day Program

One day Program (12-17 months only)      Circle:    Tuesday      Thursday

**MEDICAL INFORMATION:**

Does your child have any allergies to food, drugs or other substances?  
\_\_\_\_\_

Does your child have any medical condition of which we need to be aware?  
\_\_\_\_\_

**Office Use Only**

Registration Fee \_\_\_\_/\_\_\_\_/\_\_\_\_ Cash Credit Check # \_\_\_\_\_ Account \_\_\_\_/\_\_\_\_/\_\_\_\_ Invoiced \_\_\_\_/\_\_\_\_/\_\_\_\_

Assigned to Class:    12-17 months    18-23 months    2A or 2B    3A or 3B    4A or 4B    MCD



Mother's Day Out

6000 College Park Drive The Woodlands, TX 77384 936-273-6683 ext. 630 [www.crbcw.org/preschool/mdb](http://www.crbcw.org/preschool/mdb)