MOM'S DAY OUT FIRST FREE CHURCH 2223 NORTH MULFORD ROAD Rockford, IL 61107

REGISTRATION FOR THE MONTH OF_____

Child's Name:	e fill out a separate fo	rm for each o	child (unless tw	vins)	
Parents Name: Address: City: State: Zip: Phone: **PLEASE NOTE: Most MDO communication will be done through this e-address. The CHILD INFORMATION SHEET, RELEASE FORM and POLICIE GUIDELINES SHEET must be completed and turned in along with PROCESSING FEE before your child can attend for the first time in the Mot Out Program. Current vaccination records are also required before the first class. Please check which days you plan to register your child for: Both Mondays and Fridays All Mondays All Fridays Rates: 1 Child: \$24 per day 2 Children: \$40 per day 3 Children: \$48 per day *If your child will be 3 years old as of September 1st, he/she must be potty trattend the Moms Day Out program. For MDO use only) Room Assignment: Processing Fee: Date Paid Check #_	's Name:				
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City: State: Zip: Phone:	ts Name:	_			
E-Mail Address: Cell Phone:	ess:				
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Date: Processing Fee: Date Paid Check #_	•		eptember 1st, h	ne/she <u>must be</u> j	ootty trained to
CCARD: Child 1 Date Date Child 2 Am't Paid):	Processing I AMOUNT Child 1 Child 2	Fee: Date Paid_ DUE	PAYMENT Date Am't	ADDITIONS Date