

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

REGISTRATION FOR THE MONTH OF _____

Please fill out a separate form for each child (unless twins)

Child's Name: _____

Birthdate: _____ *Potty Trained completely: Yes _____ No _____

Parents Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

E-Mail Address: _____ Cell Phone: _____

****PLEASE NOTE: Most MDO communication will be done through this e-mail address.**

The **CHILD INFORMATION SHEET**, **RELEASE FORM** and **POLICIES AND GUIDELINES SHEET** must be completed and turned in along with the **\$35 PROCESSING FEE** before your child can attend for the first time in the Mom's Day Out Program. **Current vaccination records are also required before the first day of 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 trained** to attend the Moms Day Out program.

(For MDO use only)

Date: _____

SI/SO: _____

CCARD: _____

Room Assignment: _____

Processing Fee: Date Paid _____ Check # _____

AMOUNT DUE	PAYMENT ADDITIONS
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Child 1 _____	Date _____ Date _____
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Child 2 _____	Am't _____ Paid _____
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Total _____	Check# _____ Check# _____
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