

**2022**  
**PARENTS' DAY OUT SUMMER REGISTRATION FORM**  
**MIDWOOD BAPTIST CHURCH**  
**CHARLOTTE, NC**

Child's Name \_\_\_\_\_  
                             Last                            First                            Middle  
 Name called \_\_\_\_\_

Age by 8-31 \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

**Class Information**

Classes will be from 9-1 on Mondays and Wednesdays.

Ages 12 months to PreK

Dates will be: June 6, 8, 13, 15, 20, 22, 27, 29, July 11, 13, 18, 20, 25, 27 and August 1, 3, 8, 10, 15, 17

This is a total of 10 weeks on Monday and Wednesday.

Cost is \$45.00 per week. You may pay in one or 2 payments for the weeks in which you register. First payment will be due the first day of class and if you choose a 2 payment plan on July 20.

Please check the week(s) you wish to enroll your child:

All 10 weeks \_\_\_\_\_ June 6,8 \_\_\_\_\_ June 13,15 \_\_\_\_\_ June 20,22 \_\_\_\_\_ June 27,29 \_\_\_\_\_  
 July 11,13 \_\_\_\_\_ July 18,20 \_\_\_\_\_ July 25,27 \_\_\_\_\_ August 1,3 \_\_\_\_\_ August 8,10 \_\_\_\_\_  
 August 15,17 \_\_\_\_\_

- A fee of \$25 must accompany each application for the first child and \$20 for each additional sibling.
- All fees are non-refundable
- 10% tuition discount for Midwood Baptist Church members
- 10% tuition discount for each additional sibling
- Current immunization record due at registration

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Father's Business \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Mother's Business \_\_\_\_\_ Business Phone \_\_\_\_\_

Child Lives with \_\_\_\_\_

Siblings (list name, sex and age):

\_\_\_\_\_

\_\_\_\_\_

Church Affiliation \_\_\_\_\_

(over)

**Persons authorized to pick up your child (other than parents):**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

**List below person to contact in case of emergency (other than parents):**

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

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

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Carrier/Policy # \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

Should my child \_\_\_\_\_ become ill or suffer an accident of any type while in the care of Midwood Baptist Church Parents' Morning Out, the director shall make every effort to contact me immediately. In the event said personnel are unable to reach me, said personnel or employees of MBC Parents' Morning Out are authorized to secure any medical attention, treatment, and services for my child as may be deemed necessary. Any qualified persons providing such required medical attention, treatment, or services may accept this signed consent form. I agree to assume responsibility for payment of all medical costs incurred.

I give permission for my child, \_\_\_\_\_, to be transported by car or ambulance to an emergency treatment center, and will hold employees of MBC harmless.

**Signature Parent/Guardian**

\_\_\_\_\_

**Date** \_\_\_\_\_