

# Millington FBC

## 2021-2022 Mother's Day Out

### Schedule, Rates & Fees

**Schedule:** Tuesday & Thursday  
8:30 a.m.- 2:30 p.m.

**Registration Fees:** \$50 per child (non-refundable)  
\$60 per family (non-refundable)

**Additional Fees:** \$50 Book & Art Fee (non-refundable)  
(construction paper, pom poms, chenille stems, beads, yarn, paint, paintbrush, ribbon, eyes, feathers, glitter, buttons, tissue paper, paper, toner, copier maintenance, pictures, etc.)

**Monthly Tuition:** \$160-1<sup>st</sup> child  
\$150-2<sup>nd</sup> child  
\$140-3<sup>rd</sup> child

Tuition will be paid by monthly automatic draft from your checking or savings account only. An automatic draft form will be provided after registration.

\*\*To enroll in the program, children must be 2 years old by December 1<sup>st</sup>.

# FBC Millington Mother's Day Out 2021-2022 Registration Form

## Personal Information

Child's Name \_\_\_\_\_ Male

Female

(please include middle name)

Circle one please

Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age as of December 1, 2021 \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_ Parent's e-mail address \_\_\_\_\_

\_\_\_\_\_

Mother's Name \_\_\_\_\_

\_\_\_\_\_

Home Address (if different) \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work \_\_\_\_\_

\_\_\_\_\_

Place of Employment \_\_\_\_\_

\_\_\_\_\_

Father's Name \_\_\_\_\_

\_\_\_\_\_

Home Address (if different) \_\_\_\_\_

\_\_\_\_\_



First Baptist Church
2021-2022 MDO Program
Authorization Agreement for ACH (Automatic Withdrawals – Debits)

Please complete the following ACH Authorization Form and attach a voided check to begin the process. Return the complete form to the MDO Director. Please contact us if you have any questions.

I hereby authorize First Baptist Church to debit my [ ] checking or [ ] savings (select one) account for the specific purpose of obtaining funds that are due because of fees that we have charged from First Baptist Church Mother’s Day Out Program, and if necessary, to initiate credit entries and adjustments for any debit entries in error.

Monthly drafts will occur on the 10th or the 20th day of each month or the first business day following when the 10th or 20th falls on a weekend or a banking holiday. You will receive written notice detailing the date of the first withdrawal. This authorization will remain in effect for all future charges until we receive written notice to terminate. Any payment returned by the financial institution will be subject to a \$30.00 return item fee and a late fee in accordance to the policy stated in the MDO Program Handbook.

[ ] I choose the 10th of each month [ ] I choose the 20th of each month

Financial Institution: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code : \_\_\_\_\_

Routing (ABA) Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

1. Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

2. Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

3. Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Billing Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code : \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that I may terminate this agreement by providing written notification to First Baptist Church. I also understand that First Baptist Church must have 10 working days to act on both authorizations and cancellation requests.

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work \_\_\_\_\_

Place of Employment \_\_\_\_\_

Other children in the family (please include age) \_\_\_\_\_

FBC Family yes no, If, no, where do you attend church? \_\_\_\_\_

Emergency Contact (other than a parent) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Relationship \_\_\_\_\_

## Medical Information

### Insurance Information

Carrier \_\_\_\_\_

Policy Holder \_\_\_\_\_ Group Number \_\_\_\_\_

Pediatrician Name \_\_\_\_\_

Office phone number \_\_\_\_\_

Is your child currently on any prescription medication? Yes No If yes, please list

Is your child allergic to any medication? Yes No If yes, please list

Is your child allergic to any food? Yes No If yes, please list

Does your child suffer from any allergies of which we should be aware? Yes No

(ex. bee sting) If yes, please list \_\_\_\_\_  
\_\_\_\_\_

## **Child's Preferences**

Does your child take a daily nap? Yes No How long does he sleep? \_\_\_\_\_

How does your child usually get to sleep? \_\_\_\_\_

Does your child have a "lovey"? Yes No What is it? \_\_\_\_\_

Does your child use a pacifier? Yes No

What are your child's fears? \_\_\_\_\_

List other information that might help us care for your child. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# **Medical Release**

I hereby grant my permission for the First Baptist Church-Millington Mother's Day Out staff to take whatever steps may be necessary to obtain emergency care if needed. These steps may include, but are not limited to:

1. attempt to contact a parent or guardian
2. attempt to contact child's physician
3. attempt to contact you through any person listed under emergency contact information
4. if we cannot contact you or your child's physician we will do any or all of the following (a) call another physician or paramedic (b) call an ambulance (c) have the child taken to an emergency hospital in the company of a staff member
5. All medical expenses incurred are the responsibility of the child's family.

I authorize the Mother's Day Out staff to apply ice, antibiotic cream and/or bandages as needed on my child/children.

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Child's Name

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Signature of Parent or Guardian

Date

## Liability Release Form

With any activity, there are potential risks involved. We have done our best to create a safe environment for your child while he/she is at Mother's Day Out (on the playground, in the gym, tumbling class, etc) Our teachers and trained tumbling instructor have established certain rules specific to each of the above mentioned activities that will help ensure each child's safety. If at any point we feel that your child's conduct is a safety issue, we will ask to meet with you. If your child is participating in the tumbling class, and is not demonstrating behavior conducive to a safe environment for the other participants, he/she will be removed from the class.

**Waiver of Liability:** I, \_\_\_\_\_ have read and do understand the above written paragraph. I also understand and agree that if my child is, at any point, a risk to himself or others due to improper conduct, I will be notified. I understand that Millington First Baptist Church , Mother's Day Out, the tumbling instructor, or other volunteers are not liable for injuries received while my child is participating in activities during their time at Mother's Day Out, and do hereby release all above mentioned parties from any and all liability in this regard.

X

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Parent's Signature

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**Social Media Release**

I, \_\_\_\_\_, (parent's name) authorize the First Baptist Church Millington Mother's Day Out administrative staff and faculty to post pictures and statuses of my child \_\_\_\_\_ on Social Media during the 2021-2022 school year.

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Parent's Signature Date

2021-2022 Pick Up List



Child/Children's Name(s): \_\_\_\_\_

\_\_\_\_\_

Please list the people authorized to pick up your child/children:

Name

Relationship

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please notify the Mother's Day Out Director before pick up when arrangements change.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

2021-2022  
2 year old Class

# Supply List

- 1 folder w/ pockets and brads
- 1 package of sheet protectors
- 1 zipper pouch - fastened in the folder
- 6 glue sticks
- 1 box of jumbo crayons
- 1 package of washable markers
- Play Doh (4 pack)
- 1 box of quart size freezer bags (girls only)
- 1 box of gallon size freezer bags (boys only)
- 3 refills of diaper wipes
- 2 containers of Clorox wipes
- 1 roll of paper towels
- 1 box of tissues
- 1 bag of treats for the treat box (candy or small toys)
- 1 labeled backpack that will hold the pocket folder and lunch box.  
(no tiny backpacks please)

Labeled Blanket & Pillow (no stuffed animals).

Please send the following to leave at school.

Change of clothes in a labeled Ziploc bag

1 package of diapers or pull ups (These are for your child only.)

2021-2022  
3 year old Class

# Supply List

- 1 plastic folder with pockets and brads
- 1 clear zipper pouch in the folder
- 1 labeled hard plastic pencil box-8x5 standard
- 12 glue sticks
- 1 box of 24 crayons
- 1 pair of Fiskars blunt tip scissors
- Play Doh (4 pack)
- 1 pack of stickers
- 1 pack Crayola fingerpaint
- 1 bottle of hand sanitizer
- 1 box of gallon size freezer bags
- 1 package of diaper wipes
- 1 container of Clorox wipes
- 1 roll of paper towels
- 1 bag of treats for the treat box (candy or small toys)
- 1 **labeled** backpack that will hold the pocket folder and lunch box.

Labeled blanket and pillow ( no stuffed animals please)

Please send the following to leave at school.

Change of clothes in a **labeled Ziploc bag**

2021-2022  
4 year old Class

# Supply List

- 1 folder with pockets and brads
- 1 zipper pouch - kept in folder
- 1 package of sheet protectors
- 12 glue sticks
- 1 package of washable markers (boys only)
- 1 pkg of No. 2 pencils ( no mechanical pencils)
- 1 bottle of white glue
- 2 boxes of 24 crayons
- 1 pair of Fiskars blunt tip scissors
- 1 labeled hard plastic school box
- Play Doh (4 pack) (girls only)
- Package of 2 thin highlighters any color
- 1 box of quart size freezer bags (girls only)
- 1 box of gallon size freezer bags (boys only)
- 1 bottle of hand sanitizer
- 1 refill of diaper wipes
- 1 container of Clorox wipes
- 1 box of tissues (girls only)
- 1 roll of paper towels (boys only)
- 1 bag of treats for the treat box (candy or small toys)
- 1 labeled backpack that will hold the folder and lunch box.

Please send a change of clothes in a labeled Ziploc bag to leave at school