



## Mother's Day Out

Mondays & Wednesdays 8:30 - 2:30

Accepting infants and children up to 4 years of age

Monthly Tuition:

\$125 One day/week or \$225 Two days/week

(Sep - May)

Enrollment Fee: \$100

(non-refundable)

Supply Fee: \$30

Drop-In Fee: \$50/Day

Parents provide lunch and nap time items, MDO provides snack.

Contact Linda Rubach

[linda@brenhambiblechurch.org](mailto:linda@brenhambiblechurch.org)

979-421-7500

Our Mission:

*To partner with parents to inspire  
and nurture the faith of their children.*



## Mother's Day Out 2020-2021 REGISTRATION FORM

CHILD'S NAME (LAST, FIRST, MIDDLE & NICKNAME, IF APPLICABLE)	DATE OF BIRTH	HOME PHONE
STREET ADDRESS	CITY, ZIP	MALE OR FEMALE
MOTHER'S NAME (OR LEGAL GUARDIAN'S NAME)	CELL PHONE	EMPLOYER
MOTHER'S EMAIL (OR LEGAL GUARDIAN'S EMAIL)	WORK PHONE	BEST WAY TO REACH YOU: HOME CELL TEXT EMAIL
FATHER'S NAME (OR LEGAL GUARDIAN'S NAME)	CELL PHONE	EMPLOYER
FATHER'S EMAIL (OR LEGAL GUARDIAN'S NAME)	WORK PHONE	BEST WAY TO REACH YOU: HOME CELL TEXT EMAIL

### MEDICAL INFORMATION

PHYSICIAN	PHYSICIAN PHONE NUMBER	ALLERGIES?
SPECIAL MEDICAL CONDITIONS/NEEDS	DIETARY RESTRICTIONS	ANY OTHER PERTINENT MEDICAL HISTORY

### ENROLLMENT

AGE OF YOUR CHILD AS OF SEPTEMBER 1, 2020:	
ARE YOU INTERESTED IN ONE OR TWO DAYS A WEEK?      MONDAY      WEDNESDAY      BOTH	
I UNDERSTAND THAT TUITION IS NOT BASED ON THE NUMBER OF SCHOOL DAYS PER MONTH. IT IS BASED UPON THE TOTAL NUMBER OF SCHOOL DAYS PER YEAR AND DIVIDED INTO 9 EQUAL PAYMENTS FOR CONVENIENCE.	
_____ SIGNATURE- PARENT OR LEGAL GUARDIAN	_____ DATE



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REGISTRATION FORM**

**EMERGENCY CONTACT**

NAME	RELATIONSHIP TO CHILD	
CELL PHONE	HOME PHONE	WORK PHONE

**EMERGENCY RELEASE**

IN THE UNLIKELY CIRCUMSTANCE THAT MY CHILD MAY NEED MEDICAL ATTENTION OR EMERGENCY MEDICAL TREATMENT AND I CANNOT BE REACHED, BRENHAM BIBLE CHURCH HAS MY CONSENT TO SEEK ANY TREATMENT DEEMED NECESSARY BY A LICENSED PHYSICIAN.

PRINT NAME
SIGNATURE
HOSPITAL PREFERENCE
DATE

**ADDITIONAL AUTHORIZATION FOR PICK UP**

IN THE EVENT OF AN EMERGENCY OR SICKNESS AT SCHOOL AND I AM NOT ABLE TO BE REACHED &/OR PICK UP MY CHILD, I DESIGNATE THE FOLLOWING RELATIVE(S) &/OR FRIEND(S) TO BE CALLED AND TO PICK UP MY CHILD FROM SCHOOL **(AT LEAST 2 LOCAL CONTACTS)**

NAME	PHONE NUMBER	RELATIONSHIP

PLEASE LIST ANY PERSON(S) WHO <b>MAY NOT</b> PICK UP YOUR CHILD:
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