JOURNEY POINTE

PLEASE PRINT Unless Signature Required

MDO Registration Form

All classes are two days pe	er week from 8;30 to 2:0	0.			
•	ŧ	. Please ched	k the age appropriate clas	s:	
☐ LIL'ONES MON	N/WED -Tues/The	urs. (Must turn 9 me	os. by August 30)		
☐ TODDLERS MON					
☐ TWOS — MON	WED (Must turn 2 by A	ugust 30)			
☐ THREES -	. Must turn 3 by	August 30)			
Child's Current Age	Birth Date	/	Child's Sex	F	
Child's Surname/Family Name:		Given/First Name:			
Child's Preferred Name (if other than G	iven Name):				
Mother (or Legal Guardian):		Father (or Legal Gu	ardian): [°]		
Name	•	Name			
Address					
Apt. # City		Apt. #	City		
StateZip		State	Zip		
Home Phone	***************************************				
Cell Phone					
E-Mail		E-Mail			
Place of Employment	no beginner and a service and a service and a service of the beginner where the service and a servic	Place of Employment			
Work Phone		Work Phone			
Cell Provider for emergency SMS text m (i.e. Verizon, AT&T)	-		gency SMS text messaging:		
Emergency Contacts: [State Requ	iredEven if contact is	out of state or countr	y]		
Name	Relationship t	to child	Phone		
Name	Relationship t	co child	Phone		
Child's Doctor	Phone	Hospital (choice	<u> </u>	
In the event of an emergency, macan be reached?				oove	
Does your child have special needs		rgies? If y	es, please list		

Language spoken at homechild understand/respond to basic English comma		
Church/Religious affiliation	How did you le	earn about us?
Child's first school experience?	Previously /	Attended Where?
List characteristics of your child that you think we	ould be helpful to c	aregivers:
Names & ages of other children in family		
Is child potty-trained?		
POLICY: All children enrolled in the MDO 3 includes the ability to take care of their toiletineeded. We understand that from time to time norm.	ng needs and cloth	ning, except for help with buttons or snaps as
(Initial acknowledgement of policy		
	Parents Initials	s Policy:
<u>CONDITI</u>	ONS OF ENRO	DLLMENT
Please make checks pa	yable to	5
The Non-Refundable/Non-Transferrable \$ completed registration is submitted.	25 Registration/	Resource Fee is payable at the time a
2-Day Program Monthly Tuition	•	•
Conditions of Enrollment: All children must be able to adjust to separation teacher. All children enrolled in the MDO 3 year	•	
All tuition must be paid monthly by the 10th of earrangements have been made with the Office.		
Any irreconcilable differences between parents a relinquishment of a position within the program. phone and e-mail communications should be directed by Placement with a specific teacher cannot be gua subject to availability. In the best interest of bot within a 3 week period from the student's first d	Any concerns sho ected to the admini ranteed and any ch h the child and tead	ould be brought to the program Director. All strative office and not to the classroom teacher. anges to days or classroom assignments are
Da	te:	For Office Use Only:
Mother/Legal Guardian Signature		Date Received: Check No. Start: Start:
Da	te:	Notes:
Father/Legal Guardian Signature		

ADMISSION POLICY

Admission Policy:

Step 1: complete registration form and pay \$25.00 application fee to hold the spot

Step 2: pay materials fee of 100.00 on or before August 1st. We will purchasing each students supplies this year so we can order in bulk and help parents from having to buy any supplies.

Step 3: Watch for more information to come and we will see you in August 2020.

Registration and Wait List forms are marked with the date and time of receipt.

Registration for the following school year begins during the second semester. Current families have priority registration depending on classroom availability.

FEES

Tuition is the main financial expense parents incur while their children are enrolled at Mother's Day Out. There will be an additional program fee charged

100.00 materials fee required for each student when we begin in August. We will buy supplies in bulk for each child so you as a parent do not need to bring in separate supplies.

Registration Date -	May3lst – August 14th	After Angust 1
Full deposit refund with written withdrawal	No deposit refund	No deposit refund Plus current Month fee

Please read and sign the following statement:

I understand the tuition and deposit guidelines stated above. I also agree to provide the MDO office with a 30 day written

withdrawal notice and pay all fees can be found on the website or in t		he program for any reason. A withdrawal form
Parent Signature	Date	
OFFICE USE ONLY: Date & Time Rec'd:	Cash or Check#	,
	**************************************	**************************************
	gistration. I give permission for days requested or be put on the waitlist	to submit my registration in my absence if those days are not available.
Parent Signature:	Date:	
Director Cianotara	Data	