



# Mother's Day Out

**2024-2025**  
Enrollment Application

Child's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age as of September 1, 2024 \_\_\_\_\_

Child's Address: \_\_\_\_\_

City

State

Zip code

Is your child potty-trained? \_\_\_\_\_

Is your child able to walk well without assistance? \_\_\_\_\_

## PRIMARY LEGAL GUARDIAN

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Address (if different from child's): \_\_\_\_\_

City

State

Zip code

## SECONDARY LEGAL GUARDIAN

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Address (if different from child's): \_\_\_\_\_

City

State

Zip code

## HOUSEHOLD

Do you have a church home? **Yes** **No** Name of Church You Attend: \_\_\_\_\_

Primary Language Spoken at Home: \_\_\_\_\_

Secondary Language Spoken at Home: \_\_\_\_\_

Does the child have any siblings? If so, list names and ages: \_\_\_\_\_

## CUSTODY INFORMATION

Who has primary custody? (circle one): **Both Parents** **Mother** **Father** **Other:** \_\_\_\_\_  
*[If only one parent has custody, we need a copy of the court order stating this.]*

Please list any contact restrictions: \_\_\_\_\_

## EMERGENCY CONTACTS

List in order of preferred contact if primary or secondary contacts cannot be reached.

**The following people are authorized to pick up my child from school and receive information in case of an emergency:**

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Phone Number #1: \_\_\_\_\_ Phone Number #2: \_\_\_\_\_

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

City

State

Zip code

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Phone Number #1: \_\_\_\_\_ Phone Number #2: \_\_\_\_\_

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

City

State

Zip code

# CONSENT AND ACKNOWLEDGMENT FORM

## AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Hospital: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

I give consent for the facility to secure any and all necessary emergency medical care for my child.



\_\_\_\_\_  
Parent/Legal Guardian | **Signature** Date

## CONSENT FOR ACTIVITIES AND POLICIES

Check all that apply:

### 1. Water Activities

I hereby  **GIVE**  **DO NOT GIVE** consent for my child to participate in the following water activities:  
 sprinkler play  splashing/wading pools  water table play

Parent's Comments: \_\_\_\_\_

### 2. I understand that the following meals will be served to my child while in care

**AM Snack**  **LUNCH** (provided by the parent)

3. I hereby  **GIVE**  **DO NOT GIVE** consent for my child to be photographed and for those photos be utilized for the purpose of advertisement and enrollment promotion.

**My child will normally be in care on the following days and hours:**

Tuesdays from: 9:00am to 3:00pm

Thursdays from: 9:00am to 3:00pm



\_\_\_\_\_  
Parent/Legal Guardian | **Signature** Date

# WELLNESS FORM

## ALLERGIES

Does your child have any allergies? (circle one):   **Yes**        **No**

If **YES**, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## MEDICAL DETAILS

Does your child have any medical issues? (circle one):   **Yes**        **No**

If **YES**, please provide details (include special problems that your child may have, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, and medications prescribed for long term continuous use, and any other information which caregivers should be aware of): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## DIETARY REQUIREMENTS

Does your child have any special dietary requirements? (circle one):   **Yes**        **No**

If **YES**, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## HEALTH AND WELLNESS VERIFICATION

One of the following must be presented when your child is admitted:

**1. Health Verification**

o I have provided Eagle's Nest with a copy of my child's most current immunization record.

My child has been seen and examined by a medical professional within the past 12 months and is well and able to participate in a daycare program.   **YES**    **NO**

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

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

# TUITION CONTRACT & POLICY STATEMENT | 2023 - 2024

## REGISTRATION

A non-refundable registration fee of \$125.00 is required at time of registration. Additional siblings may be registered for \$75.00 each.

## TUITION

Tuition is based on the school year divided equal monthly payments and remains the same regardless of absence or holidays.

Tuition is to be paid on the 1<sup>st</sup> of each month.

Eagle's Nest accepts cash and checks as forms of payment. There is a \$35.00 non-sufficient funds fee.

If enrollment is terminated, a withdrawal form is required 2 weeks prior.

## SUPPLY FEE

A supply fee of \$75.00 is due twice a year at the time of enrollment.

## WITHDRAWALS AND REFUNDS

A two-week notice is required to discontinue any enrollment. Withdrawal must be done in writing and will not be accepted over the phone. Withdrawal must be received by the Director.

To withdrawal from classes a parent must:

1. Inform the Director in person, and
2. Provide a written notice of intent to withdraw

Eagle's Nest reserves the right to withdraw any student without notice.

I understand and accept these policies and procedures for payment and have reviewed all policies in the parent handbook.



\_\_\_\_\_  
Parent/Legal Guardian | **Signature**

\_\_\_\_\_  
Date

(Office Use Only)

Registration Fee Paid (circle one): **Cash**                      **Check**                      Date Paid: \_\_\_\_\_

Monthly Tuition: \$ \_\_\_\_\_

# Mother's Day Out

## AUTHORIZATION TO RELEASE

Please list below all persons authorized to pick up your child from Eagle's Nest. If there is ever a change in this list, please inform us immediately.

When any of these persons come to pick up your child, they will be required to check in at the office and provide us with an ID that matches the information you've provided us with.

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

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

Phone Number #1: \_\_\_\_\_ Phone Number #2: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

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

Phone Number #1: \_\_\_\_\_ Phone Number #2: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

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

Phone Number #1: \_\_\_\_\_ Phone Number #2: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

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

Phone Number #1: \_\_\_\_\_ Phone Number #2: \_\_\_\_\_



\_\_\_\_\_  
Parent/Legal Guardian | **Signature**

\_\_\_\_\_  
Date