



MOSAIC ACADEMY

Mother's Day Out Application

2018/2019

Child's Name:		M ___ F ___
Birth Date:	Age on Sept. 1:	
Home Address:		Zip:
City:	Home Phone:	
Mom's Name:	Dad's Name	
Mom's cell:	Dad's cell:	
Mom's work number:	Dad's work number:	
Mom's email:	Dad's email:	
Special Needs/Allergies: (CONTINUE IN COMMENTS)		
Church:		
Please indicate the program(s) you are interested in: (Mark all that apply)		
MDO	FALL 2018	SPRING 2019
TUESDAY/THURSDAY	___ 9:00-2:00	___ 9:00-2:00
Extended Care	___ 2:00-3:30	___ 2:00-3:30
*space limited	(\$50 per month additional)	(\$50 per month additional)
<i>Please list anyone who you will allow to pick up your child from MAMDO. This list will be used in an emergency if you cannot be reached. A driver's license will be needed in order to release your child.</i>		
Name:	Phone:	
Name:	Phone:	
Comments:		

Student Name: _____

Date of Birth: _____

Medical Release:

In case of emergency, I give my permission for Mosaic Academy Mother's Day Out to seek medical attention for my child
_____.

In the event that hospital care is required, I prefer that treatment be sought at _____.

Every effort will be made to locate parents or emergency persons before any action is taken.

Photo/Video Release:

____ I give permission for Mosaic Academy to use photos/videos of my child in publications and online.

I understand that we will not use names or personally identify children online.

____ I do not give permission for Mosaic Academy to use photos/videos of my children online or in publications.

Directory Release:

____ I give my permission for Mosaic Academy to use my contact information in the school directory.

____ I do not give permission for Mosaic Academy to use my contact information in the school directory.

Parent Signature X _____

Date: _____

Office Use Only:

\$100 Due upon enrollment	Registration/Supply	Date paid: _____
\$50 Spring Supply Fee	(January 1st)	Date paid: _____

