



MOSAIC ACADEMY

Mother's Day Out Application

SUMMER 2018: June 12th - July 19th

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:		
<i>Please indicate the program you are interested in:</i>		Comments:
MDO	SUMMER 2018	
TUESDAY/THURSDAY	___ 9:00-2:00	
<p><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></p>		
Name:		Phone:
Name:		Phone:
<p>Medical Release:</p> <p>In case of emergency, I give my permission for Mosaic Academy Mother's Day Out to seek medical attention for my child,</p> <p>_____.</p> <p>In the event that hospital care is required, I prefer that treatment be sought at _____.</p> <p>Every effort will be made to locate parents or emergency persons before any action is taken.</p>		

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:

\$60 Due upon enrollment	Registration/Supply	Date paid: _____
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