



Welcome to Mulberry Baptist Church Children's Day Out(CDO)! We are so excited that you have chosen our preschool program for your child.

The purpose of the CDO program is to provide each child with a happy, loving, Christian environment so he or she can grow mentally, physically, spiritually, socially, and emotionally and to encourage a learning experience appropriate for his or her age and ability.

CDO follows the ABC Jesus Loves Me curriculum. At CDO, your child will learn about God's truths through stories, songs, games, and crafts. They will encounter Jesus' love firsthand through compassionate and loving teachers and a safe, joyful atmosphere. Our prayer this year is that both you and your child experience the love of Jesus in a way you never have before.

Our preschool program is Tuesdays, Wednesdays, and Thursdays from 9:00am – 1:00pm. You have the option to choose which days you would like your child to attend.

We will have our **Meet and Greet on Thursday, August 15 at 6:00pm** in the church sanctuary, followed by a chance to visit your child's classroom and meet his or her teachers. This is a meeting for parents only. Many questions will be answered and information handed out.

The first day of CDO is **Tuesday, August 20, 2019.**

With a few exceptions, we follow the Terrebonne Parish School holiday schedule, although many of their holidays fall on days that do not apply to CDO. We will try to schedule special days, such as bike day and holiday celebrations, equally between the three days.

Registration is on a first come, first serve basis. Registration fees are non-refundable. In order for your child to be enrolled we must receive all registration forms and the registration fee. Upon this receipt, your child is enrolled as per your day requests.

We look forward to seeing you in August!



TUITION & REGISTRATION FEES

Mulberry Baptist Church Children's Day Out is a 3 day/week preschool program. CDO is offered Tuesday, Wednesday, and Thursday from 9:00am – 1:00pm. You have the option to choose which days you would like your child to attend.

Registration Fee (non-refundable) \$150.00 per child

Monthly Tuition

One day per week	\$90.00 per child
Two days per week	\$150.00 per child
Three days per week	\$225.00 per child

Sibling Monthly Tuition

If there are two or more children per family attending CDO, the first child is regular price. For each additional sibling, there will be a \$15 discount per month.

TUITION IS DUE THE FIRST WEEK OF EACH MONTH. Our tuition is averaged throughout the school year so tuition remains the same monthly, regardless of holidays or absences. There are no refunds for a day that a child might miss.

If your child is not enrolled all three days and he/she wishes to attend an extra day, check with the director for space availability. The charge for this is \$25.00 per day.

There will be a \$5.00 charge on any tuition payment not received by the 15th of the month, unless arrangements have been made with the CDO director.

There will be a \$25 charge for any NSF check.

If a child must be dropped from CDO, a one month notice must be given so that we may fill that spot. We need notification by April 1 if your child is not going to complete May.

Registration Fees are paid when a child is enrolled in a class. This fee helps cover the cost of initial supplies, equipment and training. These fees are non-refundable.

Please see the director if you have any questions regarding Registration and Tuition Fees.

Enrollment Date: _____

CHILDREN'S DAY OUT REGISTRATION FORM

Child's Name: _____ Preferred Name: _____

Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Parent Information

Mom's Name: _____ Dad's Name: _____

Cell: _____ Cell: _____

2nd Contact #: _____ 2nd Contact #: _____

Email: _____ Email: _____

Religious Affiliation: _____ Church Attending: _____

Attendance Options: Please check off the days that you wish to enroll your child.
Your first month tuition rate will be based on this enrollment option.

_____ **TUESDAY** _____ **WEDNESDAY** _____ **THURSDAY**

Tuition is due the first week of each month. There are no refunds for days that a child might miss. There are no make-up days. If you wish to send your child on a day that they are not registered, there is a \$25.00 drop-in fee per day.

THE REGISTRATION FEE (\$150.00) MUST ACCOMPANY THIS FORM.

Children brought to CDO are to be left with a staff member (children are not allowed to walk in alone) and will be released only to persons designated by parents. Please list additional people that may be picking up your child or contacted in case of emergencies.

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Security Code: We need a special word to identify you with your child. Please write that here. When you call us to verbally change who is picking up your child, we will identify you by this code word.

Code Word: _____

CHILD PROFILE

Child's Name: _____ Date of Birth: _____

Your child will experience several foods throughout the year. We celebrate birthdays in the classroom as well as holidays. Are there any foods that you would prefer your child not to eat? Please list these foods:

Is your child subject to any food allergies? Yes _____ No _____

If so, please explain: _____

Any eating habits that you would like to share: _____

Illnesses, allergies, asthma or physical challenges: _____

Any special words to indicate needs: _____

Fears: _____ Favorite Play Activity: _____

In The Home

Brothers and Sisters:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Others living in the home: _____

Pets: _____

Signature of Parent or Guardian: _____ Date: _____

Additional Helpful Information:

MEDICAL INFORMATION SHEET

Mulberry Baptist Church Children's Day Out has my permission to administer Emergency Medical Treatment to my child.

Child's name

Date of Birth

I wish for the following doctors to be notified in case emergency treatment is needed.

Doctor

Phone Number

If the parent's choice of doctor is unavailable, I will allow the resident doctor to administer Emergency Medical Treatment.

Signature of Parent or Guardian: _____

Please list dates and types of immunizations: (A copy of this information may be attached to this form)

Other information or limitations – allergies, asthma, etc:

Special Care:

Signature of Parent or Guardian: _____

Date: _____