

Macon East Academy
MOTHER'S DAY OUT PROGRAM

15396 Vaughn Road ~ Cecil, Alabama 36013

(334) 277-6566 Fax (334) 277-6544

REGISTRATION FORM

Choose One:

- 3-day (Tuesday – Thursday)
\$165.00/month

- 4-day (Monday – Thursday)
\$200.00/month

\$75.00 non-refundable Registration Fee

\$100.00 Supply Fee

8:00 am – 11:30 am

Child's Name: _____

Last	First	Middle	Name Used
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Sex: ☐ Male ☐ Female

Date of Birth:

Child resides with: ☐ Mother ☐ Father ☐ Both Parents ☐ Guardian/Other _____

Father/Guardian's Name:

Home Address: _____

Street City State Zip

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Email Address:

Business: _____ Position: _____

Mother/Guardian's Name: _____

Home Address:

Street City State Zip

Home Phone: Business Phone: Cell Phone:

Email Address:

Business: _____ Position: _____

Allergies (food, etc): _____

Does your child have any unusual health problems? Yes No

Explain:

Child may be released to:

Name: _____
Phone #: _____

Relationship: _____
Cell #: _____

Name: _____
Phone #: _____

Relationship: _____
Cell #: _____

Person other than parent/guardian to be contacted in case of illness or emergency:

Name: _____ Relationship: _____ Phone #: _____
Name: _____ Relationship: _____ Phone #: _____

GETTING ACQUAINTED WITH YOUR FAMILY:

Other children in the family:

Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____

Are there any changes in your child's life that we should be aware of? _____

Please initial each statement acknowledging the requirements of the Macon East Mother's Day Out Program:

_____	My child is 3 or 4 years old.
_____	I have provided Macon East Academy with an updated Alabama Immunization Certificate.
_____	My child is completely potty trained.
_____	I will provide my child each day with a complete change of clothes and a daily snack from home.
_____	Payments are due on the 10 th of the month and are late after the 15 th . I understand that as of the 15 th I will receive a 5% late charge (per child). I understand that my child will not be allowed to attend if payment becomes 45 days late and arrangements have not been made to rectify missed payment.
_____	I understand that months shortened due to a holiday are not prorated.
_____	I agree to provide a two week notice in writing if I withdraw my child from the program.
_____	I understand if anyone else needs to pick my child up a letter in writing is required and they must bring a photo ID.
_____	It is my understanding that I am signing a 10-month (August-May) contract with Macon East Academy Mother's Day Out Program and must abide by the rules provided in the handbook.

Application fee is due at the time of registration. Checks can be made payable to Macon East Academy.

Parent Signature: _____ Date: _____