

2019-20

School Year

Moms Day Out

2223 North Mulford Road

Rockford, IL 61107

815/877-7046, www.momsdayout.net

REGISTRATION – 2019-20 School Year

NEW FAMILIES

Dear Parent: Due to large waiting lists, we need to know your tentative registrations plans. Please indicate which day/days you plan on bringing your child each week:

All Mondays All Fridays Both Mondays & Fridays

Please try to keep to this schedule as closely as possible. If during the MDO year your chosen days do change, please let us know so that we can fill the necessary spots or hold your spot depending on your plans. Switching days is not an option when rooms are full.

Please fill out a separate form for each child (unless twins)

Child's Name:

Birthdate: *Potty Trained completely: Yes No

Parents Name:

Address:

City: State: Zip: Phone:

**E-Mail Address: Cell Phone:

**PLEASE NOTE: Most MDO communication will be done through this e-mail address.

This form and the attached CHILD INFORMATION SHEET, RELEASE FORM and POLICIES & GUIDELINES SHEET must be completed & turned in along with the \$50 PROCESSING FEE before your child can attend for the first time in the Mom's Day Out program. Current REQUIRED vaccination records (see brochure for specifics) are also needed before the first day of class.

Daily Rates:

- 1 Child: \$28 per day
2 Children: \$47 per day
3 Children: \$57 per day

*If your child will be 3 years old as of 9/1/19 he/she must be potty trained (no pull-ups please) to attend the Moms Day Out program

(For MDO use only) Room Assignment:
CCARD: Processing Fee: Date Paid Check #
WAITL:

Sibling in Program: _____

ROOM: _____

Mom's Day Out Information Sheet

Date: _____

Child's Name: _____ Child's Birthdate: _____

Street Address: _____

City: _____ Zip: _____ Home Phone: _____

E-Mail address: _____ Cell Phone: _____

Cell Phone Carrier: _____ (Verizon, AT&T, Sprint, T-Mobile, US Cellular)

Mother's Name: _____ Marital Status: _____

Place of Employment: _____

Business Phone: _____

Father's Name: _____ Marital Status: _____

Place of Employment: _____

Business Phone: _____

Doctor: _____

Address: _____

Phone: _____

In Case of an emergency and a parent cannot be reached, please contact:

Name: _____

Relationship: _____

Phone: _____ Cell Phone: _____

Name: _____

Relationship: _____

Phone: _____ Cell Phone: _____

Please list any allergies (especially food allergies) or important health information that would be beneficial to know in working with your child. Please also include any information regarding your child that might help MDO provide the best child care possible:

Parent's Signature _____

Date _____

CHILD'S NAME: _____

MOM'S DAY OUT Release Form

My child may be released to either the mother or father. Should a parent NOT BE ALLOWED to pick up my child, court documentation will need to be submitted. My child may be released to the following persons (please include car-pool mothers, grandparents, friends, etc.) who are not legal guardians. Photo ID will be requested before releasing child.

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

I give permission for my child _____, age _____ to attend the *Mom's Day Out* program as I pre-register month by month. I give permission to staff of the *Mom's Day Out* program to seek medical care for my child, if deemed necessary. I authorize the staff to notify the family physician or take my child to the nearest emergency facility, if unable to reach parents or emergency contact. I authorize the staff of *Mom's Day Out* to administer emergency first aid if deemed necessary.

I give permission for my child to participate in all activities offered at *Mom's Day Out* that are age appropriate. These include, play time, snacks, stories including Bible stories, songs and fingerplays, puppets, prayer, crafts, MDO approved and age appropriate videos, and creative movement. Occasionally, the children play in the gym, indoor playground or on the church yard. Also, at times, older children may make snacks in the downstairs small kitchen.

I give my consent for my child's photo/video to be used for crafts or promoting the *Mom's Day Out* program in print or on the internet (youtube) in the event such a situation arises.

PARENT'S SIGNATURE

DATE

Mom's Day Out Policies and Guidelines

Health Policy

- MDO requires a complete vaccination record showing that your child has met Illinois Department of Health (IDPH) vaccination requirements.
- Children should not be admitted into class with any of the following symptoms and/or illness:

Lice	Impetigo
Runny nose (not clear)	Active Chicken Pox
Questionable rashes	Measles/mumps
Coughing	Conjunctivitis (Pinkeye)
Diarrhea	Fever/Throwing up within the last 24 hours
- Any child attending that seems ill shall be examined by Mom's Day Out Staff and a parent may be called. A parent will be called if a fever is present.
- Any child on antibiotics should have been on the drug for at least **24 hours before** coming to a Mom's Day Out. No medications will be given by staff except for an Epi Pen for allergic reactions.
- Due to the higher potentiality of transmission from one child to another, we further request if your child should come down with a communicable disease such as chicken pox, fifth disease, or hand foot & mouth disease that you would please notify your child's teacher. A doctor's note may be required before the child can return to class.
- All children are also required to wash their hands directly before entering their classrooms at the beginning of each Mom's Day Out morning. This will result in much fewer germs being transferred.
- This Health Policy will be strictly enforced since this affects not only other children in our care but also the adults caring for them.

Discipline and Safety Guidelines

I understand that my child will:

- ♥ Be quietly reprimanded first.
- ♥ At no time have any form of physical discipline be used on him/her. Time out chair is the only acceptable discipline used.
- ♥ Not be talked to or about in a negative manner.
- ♥ Have consistency and fairness used when dealing with him/her.
- ♥ Not be allowed to bite, hit, spit or demonstrate extremely aggressive behavior. Repeated misbehavior will be evaluated by staff and Director.

I understand any problems will be discussed with me by the Teacher of my child's room.

MDO reserves the right to place a child in a room that will meet their developmental ability and not solely based on their birthdates.

Parent's Signature

Date