Little Lambs Mother’s Day Out

A Ministry of Liberty Baptist Church

September 2023 – May 2024 Registration Form

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child is called: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male \_\_\_\_\_\_\_ Female \_\_\_\_\_\_\_\_**

**Child’s Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Month/Day/Year)**

**Parents / Guardians Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-Mail Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**---------------------------------------------------------------------------------------------------------------------------------------**

**Please read and sign in acknowledgement of our Registration Policies.**

**\*To Register your child, you must complete this Registration Form and return it to our MDO Office.**

**Completion of this form does not guarantee your child a position in our program. That will be determined by the MDO Office according to our class openings and availability.**

**Our MDO Office will notify you when your child has a placement position in the program.**

**\* A registration fee is due at the time of placement to ensure your child’s position.**

**The fee for new students is $ 50.00 ; The fee for students returning from the previous year is $ 40.00.**

**ALL FEES ARE NON-REFUNDABLE & NON-TRANSFERABLE.**

**If you decide your child will not be attending our 2023-2024 program after registration, you MUST NOFITY our MDO Office by August 1, 2023 or you will be responsible for paying the 1st months tuition.**

**Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*MDO Office Use Only*

*Date Registration Confirmed: \_\_\_\_\_\_\_\_\_\_\_\_\_ Confirmation Sent: \_\_\_\_\_\_\_\_ MDO Initial: \_\_\_\_\_\_\_\_\_\_\_*

*Registration Fee Paid & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Program Days and Times**

**Please Check the Appropriate Space for the Time Frame & Number of Days**

**Your Child will be Registering to Attend.**

*Placement for children in Little Lambs MDO classes will be determined by*

*their age on September 2nd of the current school year.*

*(For example: Your child must be three (3) years old on or before September 2nd*

*in order to enter the three-year-old program.)*

**Infant / Toddler Program**

**# of Days: \_\_\_\_\_ 2 Days a Week: Tues. & Thurs. ; \_\_\_\_\_ 3 Days a Week: Tues., Wed., & Thurs.**

**Time Frame: \_\_\_\_\_ 8:30-12:30 or \_\_\_\_\_ 8:30-2:00**

**\_\_\_\_\_\_\_\_ Babies Class: September 3, 2022 – September 2, 2023**

**\_\_\_\_\_\_\_\_ One Year Old Classes: September 3, 2021 – September 2, 2022**

**\_\_\_\_\_\_\_\_ Two Year Old Classes: September 3, 2020 – September 2, 2021**

**Preschool Program**

**# of Days: \_\_\_\_\_ 2 Days a Week: Tues. & Thurs. ; \_\_\_\_\_ 3 Days a Week: Tues., Wed., & Thurs.**

**Time Frame: \_\_\_\_\_ 8:30-12:30 or \_\_\_\_\_ 8:30-2:00**

**\_\_\_\_\_\_\_\_ Three Year Old Classes: September 3, 2019 – September 2, 2020**

**\_\_\_\_\_\_\_\_ Four & Five Year Old Classes: January 1, 2018 – September 2, 2019**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Family Information**

**Help us plan for your child’s needs by providing the information requested. Our staff will have**

**a greater ability to understand concerns and responses, along with offering support and encouragement to your child with the information you provide. This information will be held confidential.**

**Primary Language spoken in Home: English \_\_\_\_\_ ; Spanish \_\_\_\_\_ ; Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ALL children in the Three & Four Year Old program MUST be Potty Trained in order to participate.**

**Is your child toilet trained? Not at All Introducing Concept Sometimes Make It ALL the Time**

**Has your child ever attended a childcare program whether full time or part time?**

**Please let us know where your child has attended and the amount of time they attended.**

**Yes No**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your child have any medical conditions or allergies (food, environmental, etc)**

**documented by a physician that we should be aware of?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your child have any possible special needs or developmental delays? Yes No**

*(This could be concerns you or your child’s physician may have; whether tested and identified or not.)*

**Is your child being treated by a physician, therapist or other specialist for these needs?**

**(Special Needs include but are not limited to Eyesight, Speech, Hearing, Bone/Muscle Problems, Autism, Down Syndrome, ADD, ADHD, Anger Control, etc.)**

**Yes No**

**If YES, please explain those needs and how they may affect your child while attending our program.**

**If the child is being treated for any special need or developmental delays, documentation from a physician/therapist regarding diagnosis and treatment should be on file before enrollment.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Please note this information is not to label your child, but to make sure they are placed in the proper class to meet your child’s needs. A meeting with you and your child may be required to determine proper placement and to make sure our program can meet your child’s needs.**