



2018 - 2019 INGLESIDE MOTHER'S MORNING OUT CHILD REGISTRATION

834 Wimbish Road, Macon, Georgia 31210
phone: 478.477.0600 email: kmcdaniel@ingleside.org

Please fill out form completely (including payment information on reverse).

General Information: Child's Last Name _____
First Name _____ Middle Name _____ Suffix (e.g., Jr.) _____
Preferred Name _____ Gender _____ Date of Birth _____
Street Address _____
City _____ State _____ Zip _____
Home Phone _____

Parents / Guardians:
Marital Status _____ Church Affiliation _____
Father's Last Name _____ First Name _____
Father's email _____ Cell _____
Occupation _____ Work Phone _____
Mother's Last Name _____ First Name _____
Mother's email _____ Cell _____
Occupation _____ Work Phone _____

Local Emergency Contacts Other than Parents:
Name _____ Phone _____
Relationship to Child _____ Cell _____
Authorized to pick up child from program _____
Name _____ Phone _____
Relationship to Child _____ Cell _____
Authorized to pick up child from program _____

Other Important Information and Medical:
Sibling(s) _____
Child's Doctor _____ Phone _____
Allergies _____
 Ingleside's MMO has my permission to post my child's allergies in the classroom if needed. (If yes, check box.)
Medical Conditions or Other Important Information _____

Mother's Morning Out (Summer Program 2018)

(Note: Limited availability for one-day openings)

Check the box for preference on days attending: Mon / Wed Tues / Thurs

Summer Registration Fee: \$25.00 for one day and \$50.00 for two days

Note: Summer tuition is a one-time payment. \$100.00 for one day and \$200.00 for two days.

This tuition payment is due no later than the end of May. Checks should be made payable to "IBC MMO" and can be dropped into the black payment box located in the preschool office or mailed to Ingleside at the address on the left side of this form. Please remember that you are responsible for the entire summer's tuition in order to reserve your spot in our program.

Payment amount _____ Cash _____ Check # _____

Mother's Morning Out (Fall Program 2018 - 2019) August - May

(Note: Limited availability for one-day openings)

Check the box for preference on days attending: Mon / Wed Tues / Thurs

2018 - 2019 Registration Fee: \$55.00 for one day and \$105.00 for two days

Note: Monthly tuition is \$55.00 for one day and \$105.00 for two days.

Tuition payment is due by the tenth of each month, or you will be charged a late fee of \$20.00. Checks should be made payable to "Ingleside MMO," or you may pay online at Ingleside.org on the MMO page.

Payment amount _____ Cash _____ Check # _____

Mother's Morning Out Program Requirements

- A spot is reserved for your child upon receipt of the completed registration form and payment of the registration fee. The registration fee is a separate fee and does not apply towards tuition. The registration fee is non-refundable. If you find that you are unable to keep this spot, please notify the director as soon as possible.
- A current copy of your child's immunization records must be on file with the preschool office before the first day of MMO.
- I, _____, also acknowledge that I have been informed that this program is not a licensed childcare facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning, and this program is exempt from state licensure requirements.

2018-2019 Registration Form



Media Release

I, _____, hereby grant Ingleside Baptist Church an irrevocable license to use photographs and/or video for television or print advertisement promoting Ingleside's Preschool and/or Mothers Morning Out only. I acknowledge that Ingleside Baptist Church is under no obligation to use my child's likeness.

I agree that there are to be no fees, commissions, or royalties paid to me for the use of my child's likeness. I acknowledge and agree that I have the exclusive right and authority to grant this license to use my child's likeness.

Signature _____

Date _____

Authorization for Medication

(please initial on each line to authorize administration of medicines)

With prior consent, I authorize the administration of the following medications to my child during preschool hours when needed: _____

Children's Tylenol (given as directed on bottle) _____

Children's Benadryl (given as directed on bottle) _____

Topical Creams (used as directed for minor scrapes, burns, bug bites, etc.) _____

EpiPen (labeled with expiration date and child's name and provided to director by parent) _____

Medical Authorization and Release

I, who by law may do so, authorize the administration of emergency medical treatment to him/her who is subject of this form. I understand that all reasonable safety precautions will be taken at all times by Ingleside Baptist Church or its agents in the event of any accidents, injury, or disease incurred by the subject of this form. I understand that in the event medical intervention is needed, every attempt will be made to immediately contact the parent or local emergency contact person given on this form.

I hereby release Ingleside Baptist Church, its staff, and sponsors, from responsibility and liability for any injury or illness that my child may sustain during the Mother's Morning Out year.

Signature _____

Date _____