

**Fall / Spring 2018-2019 Enrollment Form**  
**First Sachse UMC Mother's Day Out Program**

1520 Blackburn Rd.  
 Sachse, Texas 75048  
 972 530-1005

Date of Admission: _____
Registration \$ _____
Tuition: \$ _____
Child's code word: _____

Place a check by the session(s) that your child will be attending.

**Registration Fees:** \$60 per child / per session

\_\_\_ Monday 8:30-2:30 (begins 8/20/18 & ends 5/20/19)

\_\_\_ Thursday 8:30-2:30 (begins 8/23/18 & ends 5/23/19)

1. The registration fee is payable before a child is accepted into the program.
2. A registration fee is payable for each session in which you are enrolling.
3. The monthly tuition will be payable the first session of each month.
4. The monthly tuition is payable whether or not the session is attended.
5. Parents are responsible for payment until the program is notified in writing that the child is being withdrawn.
6. There will be a \$10 late fee assessed if monthly tuition is not paid by the 10<sup>th</sup> of the month.
7. There will be a \$5 late fee assessed for every five (5) minutes the child is picked up after 2:30.

Child's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Child's Sex: \_\_\_\_\_ Child's Birth Date: \_\_\_\_\_ Nickname: \_\_\_\_\_

Father's Name: _____	Address: _____
Father's Phone: _____	Father's work phone: _____
Father's Business Address: _____	Father's Driver's License No. _____
Father's cell: _____	

Mother's Name: _____	Address: _____
Mother's Phone: _____	Mother's work phone: _____
Mother's Business Address: _____	Mother's Driver's License No. _____
Mother's cell: _____	

I hereby authorize the Sachse First MDO Program to allow my child to leave the facility only with the following persons:

\_\_\_\_\_  
 Name Driver's License No. Phone No.

\_\_\_\_\_  
 Name Driver's License No. Phone No.

\_\_\_\_\_  
 Name Driver's License No. Phone No.