



2008-2009

Mother's Day Out - First Baptist Church, Olive Branch
9235 Pigeon Roost - Olive Branch, MS 38654
662-890-2288

Dear Parent's,

Thank you for your interest in our Mother's Day Out program at First Baptist Church. Attached you will find a copy of the registration form for the 2008-2009 school year. We will accept current students and First Baptist Church members beginning February 5 and open enrollment for the public will begin March 4 at 9:00 a.m. We accept applications on a first come basis. You will be contacted by mail by May 15 to let you know the status of your application. We will have an open house in late August and school will begin September 4, 2007.

**Please note that Mother's Day Out will be on Tuesday and Thursday this school year.

So that we can meet budget needs, we will require that tuition be paid one month in advance, i.e. September's tuition will be due August 1st, which can be mailed to the above address or dropped off at the church office. Therefore, your May tuition will be paid in April, freeing you for the month of May. This will allow us to close our year on schedule. If you have any questions, please feel free to call me. Office 890-2288 or Home 895-2289.

Sincerely,

April Dye
FBCOB MDO Director

REGISTRATION FEES: (NON-REFUNDABLE)

Registration Fee - 1 st child	\$40.00/due with registration
Registration Fee - 2 nd child	\$20.00/due with registration
Registration Fee - After Preschool Care	\$20.00/due with registration

SUPPLY FEE - \$20.00 each semester = total \$40.00

TUITION FEES:

6-12 Months	1 Day	\$80.00/Month
6-12 Months	2 Day	\$135.00/Month
1-3 Years	2 Day	\$125.00/Month

4 Year Olds

Technology Fee (Includes Computer Lab and Spanish Class) \$25.00

2 Days \$125.00/Month plus Technology Fee = \$150.00

After Preschool Care

1 Day	\$30.00/Month
2 Day	\$60.00/Month

2008-2009
Student Enrollment Application
Mother's Day Out - First Baptist Church, Olive Branch - 662-890-2288

Child's Name: _____ Birthday: _____

Address: _____

Male _____ Female _____ Age of child, September 1, 2008 _____

Mother: _____ Home Ph: _____ Mobile Ph: _____

Father: _____ Home Ph: _____ Mobile Ph: _____

Church Attending: _____

Emergency Contacts (Other than Parents) who are allowed to pick up. Please list in order to call.

1. _____ Phone Number(s) _____
Relationship: _____

2. _____ Phone Number(s) _____
Relationship: _____

3. _____ Phone Number(s) _____
Relationship: _____

Medical Information:

Doctor: _____ Phone Number: _____

Insurance: _____

Hospital Preference: _____

Allergies: _____

Medical Conditions: _____

Prescriptions Taken Daily: _____

After completing this form, please sign and date the below statement and return the entire form with the registration fee of \$40.00 (NON-REFUNDABLE) for the first child and \$20.00 for the additional child.

My child, _____, is currently up-to-date on all required immunizations. First Baptist Church Olive Branch has my permission to seek medical attention for this same child as determined by the staff. First Baptist Church Olive Branch also has my permission to transport this same child to the hospital designated. Parents will be contacted ASAP.

Parent Signature _____ Date: _____

INFANTS ONLY:

Which day do you prefer? _____ Tuesday _____ Thursday _____ Both

For office use only:

Date Returned: _____

Time: _____

Reg. Amount Paid: _____

Check # _____

Cash _____

Staff Initials: _____