



## **2025-26 REGISTRATION FORM**

First Baptist Church Olive Branch

9155 Highland Street | Olive Branch, MS 38654 | 662-890-2288

Dear Parents,

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 2025-2026 school year. We will accept current students and First Baptist Church members beginning January 21<sup>st</sup> and open enrollment for the public will begin January 28<sup>th</sup> at 9:00 a.m. We accept applications on a first come basis. You will be contacted by mail to let you know the status of your application ASAP. We will have an open house on Monday, August 18<sup>th</sup> and school will begin Tuesday, August 19, 2025.

\*\*\*Please note that Mother's Day Out will continue to be on Tuesdays and Thursdays.

So that we can meet budget needs, we will require that tuition be paid one month in advance, i.e. August's tuition will be due July 1<sup>st</sup>, 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 email or call us.

Sincerely,

**Stacey Doss**

FBCOB Mother's Day Out Director  
[mdo@fbcob.org](mailto:mdo@fbcob.org) | 662.890.2288

## **REGISTRATION FEES (non-refundable):**

- 1<sup>st</sup> child      \$65 due with registration
- 2<sup>nd</sup> child      \$35 due with registration

## **SUPPLY FEE:**

- \$50 per semester = \$100 total

## **TUITION FEES:**

- 6 Months - 4 Years      2 Day      \$190/month

## **AFTER CARE:**

**This year we are trying something new!** We are offering an extra hour of care for those who may need it. Times and details are listed below. If you are interested, please see Mrs. Stacey.

- 2:00p – 3:00p      2 Days/Week      \$35/month

## **POTTY TRAINING:**

We at MDO expect all our entering *THREE YEAR OLDS* to be actively working on potty training. We understand that there will be rare occasions when a child is not completely potty trained. All parents of three-year-olds not completely trained, will sign a contract stating that you are working on potty training at home and will continue the process until your child is fully potty trained. All three-year-olds that are not fully potty trained upon entering our program, must come to school in a pull up wearing clothing that is easy for the child to get up and down. Extra pull-ups will need to be provided as well. We will work with you on potty training until the end of the first semester at such a time when the situation will need to be re-evaluated.

All entering *FOUR YEAR OLDS* must be completely potty trained for our program.

# 2025-26 STUDENT ENROLLMENT APPLICATION

Mother's Day Out - First Baptist Church Olive Branch

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Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

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

Email: \_\_\_\_\_

Male  Female  Age of child on September 1, 2025 \_\_\_\_\_

Mother: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_

Father: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_

Do you attend church? Yes  No

If so, where? \_\_\_\_\_

## **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: \_\_\_\_\_

\_\_\_\_\_

**THREE YEAR OLDS ONLY:**

My Child is completely potty trained:    Yes     No  *(if no, please read and sign below)*

My Child is not completely potty trained, but I agree to sign a contract and work on potty training. I understand that my child will need to be completely potty trained by the end of the first semester or my child may be removed from the program.

Signature: \_\_\_\_\_

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After completing this form, please sign and date the statement on the next page **IN FRONT OF A NOTARY** for verification. Please return the entire form with the registration fee of \$65 (NON-REFUNDABLE) for the first child and \$35 for the additional child. Mrs. Stacey Doss is a notary and can verify your signature when you turn in your paperwork for your convenience.

My child, \_\_\_\_\_, is currently up to date on all required immunizations and I certify that all the information I have listed is accurate and displays all the necessary information required to take care of my child. I will provide a copy of the updated shot record for my child. In case of emergency, I give my full permission to any medical personnel, doctor, or hospital to provide any medical attention deemed necessary for the person stated above. Therefore, I release First Baptist Church Olive Branch, and its ministers, employees, and/or members from any liability due to any injury, illness, and/or death, which may result from any conditions or circumstances, no matter the event or activity affiliated with First Baptist Church of Olive Branch, that the stated is attending during the year of **2025-2026**. I also understand that I, the undersigned, will be contacted immediately, if a need should arise due to any medical care, illness, injury, disciplinary cause, or death. I will assume full responsibility for any and all expenses incurred. I understand that it is my responsibility to update this document with any necessary information required in providing accurate care and contact, and acknowledge that the stated document will remain in full force and effect until amended or cancelled in writing by the undersigned.

**Parent or Guardian MUST SIGN IN FRONT OF A NOTARY:**

**Parent Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

Notary information:

State of Mississippi, County of \_\_\_\_\_ I, the undersigned, a Notary Public, in and for said County, in said State, hereby certify that \_\_\_\_\_, whose name is signed to this foregoing liability release form and who are known to me, acknowledged before me on this day, that, being fully informed of the contents of the foregoing instrument, they executed the same voluntarily on the day the same bears date. Given under my hand and official seal on \_\_\_\_\_.

\_\_\_\_\_  
**Notary Public**

**My commission expires:** \_\_\_\_\_

(Notarial Seal)

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## OFFICE USE ONLY

Date Application Returned: \_\_\_\_\_ Time: \_\_\_\_\_

Reg. Amount Paid: \_\_\_\_\_ Check # \_\_\_\_\_ Cash Receipt # \_\_\_\_\_

Staff Initials: \_\_\_\_\_

### SHOT RECORD

Shot record on file and in compliance with the state of Mississippi.

Staff Signature: \_\_\_\_\_

Date Provided: \_\_\_\_\_