

Registration Form 2008-2009

Please enroll my child for the 08-09 school year in MDO. I understand that with this completed form, I should turn in a new medical consent form, Blue Health Form #680 and the school Entry Health Exam #3040. (You can call your Pediatrician's office to get these forms) and pay the \$85.00 registration/supply fee to FBS Mother's Day Out. I also am aware that registration for new children will be Friday, March 21. Please understand that **this form will not be accepted alone**. You must turn in **ALL** items listed above at the same time. **Every child must have the Blue Health forms and School Entry Health Exam in before starting school in August 2008.**

Please fill in the following information. Children aged 1-3 as of 9/1/08 have a choice of T/TH or W/F classes. You may also enroll any child 4 days per week. Those attending 4 days may be repeating the same lesson plans and activities due to lesson planning. This will just reinforce the lessons learned, and allow the children twice the learning experience.(with the exception of Pre-K).

Pre-K children will meet T-FR
Class times for all days will be 9:00-1:30

Child's Name: _____ Mom's Name: _____

Child's Birthdate: _____ Phone# _____

Please place my child in the following classes (check only one):

W/F() T/TH() PRE-K: T-Fri ()

Other _____:

Additional Comments: _____

DO NOT WRITE BELOW THIS LINE STAFF USE ONLY

Priority _____ Class _____ Fees _____

Notes: _____