

Dear Friend,

Thank you so much for your interest the Mother's Day Out  
Preschool at City Road Chapel UMC. We are looking forward to  
another great year in 2015-2016! Registration for the fall has begun.  
Attached to this letter you will find a registration form and a program  
policy guide.

Please fill out the registration form on both sides and return your form  
and registration fee to:

Patsy Menees  
701 South Gallatin Road  
City Road Chapel Mother's Day Out  
Madison, TN. 37115

We will do our very best to make your child's day will us a happy one.  
If you have any questions, comments or concerns please contact me at  
church 868-1673 or 812-0336.

See you in the fall!

For the children,  
  
Patsy Menees, MDO Director



Days: Tuesday & Thursday \_\_\_ One day only \_\_\_

Full Name of Child \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current Age \_\_\_\_\_

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

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

email address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Employer \_\_\_\_\_

Father's Name \_\_\_\_\_ Employer \_\_\_\_\_

Names of Persons to whom child may be released to or to act for  
in case of an emergency or illness:

1. Name \_\_\_\_\_ Relation \_\_\_\_\_

Phone \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

2. Name \_\_\_\_\_ Relation \_\_\_\_\_

Phone \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

3. Name \_\_\_\_\_ Relation \_\_\_\_\_

Phone \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

Name of Pediatrician \_\_\_\_\_ Phone \_\_\_\_\_

\*Continue on other side

List any physical conditions or other information we need to know about your child:

Is your child potty trained? Yes \_\_\_\_\_ No \_\_\_\_\_

List any siblings also registered in this program:

I understand that the monthly fees are due by the 10<sup>th</sup> of each month. I agree to give two (2) weeks' notice (or its equivalent in fees) before withdrawing my child from this program.

This program is exempt from licensing due to the fact that we are 2 day a week program which meets only 10 hours a week.

Registration Fees: Newcomers: \$50.00 Returning \$25.00. All registration fees are non-refundable. This is an annual fee and is due at the time of registration.

Date of Registration: \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Please return this form with the registration fees to:

Patsy Menees  
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City Road Chapel Mother's Day Out  
Madison, TN. 37115