

**MOM'S MORNING OUT PRE-SCHOOL PROGRAM**

Fonda Reformed Church  
19-21 Broadway, P.O. Box 536, Fonda, NY 12068

**Student Information for 2018/2019**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Allergies/Medical Alerts: \_\_\_\_\_

Are there food/drinks that your child should avoid? \_\_\_\_\_

Please share any other pertinent information about your child here: \_\_\_\_\_

Names and ages of siblings: \_\_\_\_\_

\*Mother's Name: \_\_\_\_\_ Address: \_\_\_\_\_ email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer's Name & Address: \_\_\_\_\_

\*Father's Name: \_\_\_\_\_ Address: \_\_\_\_\_ email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer's Name & Address: \_\_\_\_\_

\*Guardian's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer's Name & Address: \_\_\_\_\_

Please list all (persons), their (relationship) and (phone numbers) whom **you give permission to bring to or pick up your child** from Mom's Morning Out.

(Name)	(Relationship)	(Home Phone)	(Cell Phone)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Person completing this application: \_\_\_\_\_ Date: \_\_\_\_\_

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(Office Use Only)

Received: \$ \_\_\_\_\_ Cash or \$ \_\_\_\_\_ by Check # \_\_\_\_\_ on \_\_\_/\_\_\_/\_\_\_ from: \_\_\_\_\_.

Said amount is a deposit towards the September 2018 tuition for the Mom's Morning Out Pre-School Program and is **non-refundable once the student has been enrolled.**

Deposited: \_\_\_/\_\_\_/\_\_\_ by: \_\_\_\_\_ M.M.O. Teacher. Acceptance letter mailed on \_\_\_/\_\_\_/\_\_\_.