

MOM'S MORNING OUT PRE-SCHOOL PROGRAM

Fonda Reformed Church
19-21 Broadway, P.O. Box 536, Fonda, NY 12068
Student Information for 2020/2021

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: _____

(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 ___/___/___.