



MOTHER'S DAY OUT

St. Alban's Episcopal Church

3625 Chapel Road, Newtown Square, PA, 19073

610-356-1722

2008-09 Registration Form

(Please use a separate form for each child)

All Children 18 Months to 3 Years

<u>Day/Hours</u>	<u>Tuition</u>	<u>Check Day(s) Attending</u>
Monday/9am-noon	\$ 90/month	_____
Tuesday/9am-2pm	\$120/month	_____
Wednesday/9am-2pm	\$120/month	_____
Thursday/9am-2pm	\$120/month	_____
Friday/9am-noon	\$ 90/month	_____

There is a non-refundable \$50 registration fee. Your tuition is due in three (3) installments: September 1 (for September/October/November); December 1 (for December/January/February); March 1 (for March/April/May). Please make checks payable to **Mother's Day Out**.

Child's Name: _____ Date of Birth: _____

Parent(s) Name(s): _____

Home Address: _____

Phone No.: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

Child's Physician: _____ Phone: _____

Insurance Provider: _____ Policy _____

Any allergies (please specify): _____

Siblings (names and ages): _____

Parent Signature: _____ Date: _____

In case of emergency, the above signature permits the director, or lead teacher, to transport student for purposes of providing medical treatment, and for medical treatment to be provided. Please initial: _____