



**MOTHER'S DAY OUT**

*St. Alban's Episcopal Church*

*3625 Chapel Road, Newtown Square, PA, 19073*

*610-356-1722*

**2009-10 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	\$115/month	_____
Tuesday/9am-2pm	\$130/month	_____
Wednesday/9am-2pm	\$130/month	_____
Thursday/9am-2pm	\$130/month	_____
Friday/9am-noon	\$115/month	_____

There is a non-refundable \$50 registration fee. Your tuition is due in five (5) installments: September 1, November 1, January 1, March 1 and May 1. 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: \_\_\_\_\_**