

McCLELLANVILLE'S MOM'S MORNING OUT REGISTRATION FORM

Child's Full Name _____ Date of Birth ___ / ___ / ____

Home Address. _____

City, State, Zip _____

Preferred email _____

Parent's Name _____

Home Phone _____ Cell _____ Work _____

Parent's Name _____

Home Phone _____ Cell _____ Work _____

Family Preferred Email _____

Child Lives with (circle one) Both Parents One Parent Only Grandparents Other

Is there any needed information regarding child's living situation? _____

Does your child have any allergies? If so, to what and how are they manifested?

Please provide any additional information that you feel is important for us to have concerning your child (fears, health issues, developmental delays, family situations, etc.)

I would like to enroll my child for (check one)

_____ One Day - Please circle the day- Mondays, Tuesdays or Thursdays

_____ Two Days – Please circle the two days – Mondays, Tuesdays, Thursdays

_____ Three Days - Mondays, Tuesdays and Thursdays

Enrolled:

One day per week/\$140.00 per month

Two days per week/\$270.00 per month

Three days per week/\$400.00 per month

Sibling Discount: \$10.00 off for second sibling attending

Monthly Tuition is due the 1st of each month. Late after the 10th of the month.

*Please note that tuition is paid even if your child is absent for any reason and there are no make-up days.

Non-enrolled:

1. Daily Fee of \$40.00 on a first come basis.

a. That includes a \$5.00 Material Fee for the day

SIBLING DISCOUNT: \$5.00 off for second sibling attending

Registration Fee:

1. Enrollment Fee of \$25 Paid Annually at time of enrollment.

Parent Signature _____ Date _____

MEDICAL EMERGENCY TREATMENT CONSENT FORM

I _____, and on behalf my child _____ for myself, my heirs and personal representatives, hereby freely and voluntarily assume all liabilities, risks, injuries, and hazards incidental to the participation in any and all programs sponsored and/or coordinated by McClellanville Moms Morning Out whether due to negligence or the negligence of others including but not limited to transportation to or from said activity.

I acknowledge that Mom's Morning Out," (The Program) may/or does involve physical contact with inherent risks or other conditions where injuries may occur. I do hereby waive, release and agree to hold harmless McClellanville Moms Morning Out its officers, agents, employees, the organizers, sponsors, activity supervisors, co-sponsoring organizations, and participants for any claim, demand liability costs, suits, charges, or compensation for loss due to injury or any kind arising out of a loss or an injury. I acknowledge that McClellanville Moms Morning Out will not assume any costs relating to any injury or cost of damage while my child is involved in activities of mission, fellowship, education and worship. I acknowledge that, absent this Medical Emergency Treatment Consent Form, the McClellanville Moms Morning Out or other sponsors of the activity would not have offered me access to this activity because of unacceptable exposure to liability claims or the expense providing a program that is risk-free. In order to expedite the care of my child named above, I give permission for the appropriate medical personnel and staff to initiate treatment immediately upon arrival at the appropriate facility. I agree to be financially responsible for my child's treatment. I also request that I or the alternate emergency contact person listed be notified of my child's condition and admission as soon as possible.

In the event of a life-threatening accident or illness, I understand that McClellanville Moms Morning Out its representatives or agents in charge of the activity may contact 911 services immediately. I agree to be financially responsible for my child's care and treatment.

Emergency Contact Information:

1. Parent or Legal Guardian's Name _____

Home Number _____ Cell _____ Work _____

2. Parent or Legal Guardian's Name _____

Home Number _____ Cell _____ Work _____

Emergency Contact (Friend or Relative NOT Living In The Home)

Name _____

Relationship to Child _____

Home Number _____ Cell _____ Work _____

Signature of parent or legal guardian date: _____

Mom's Morning Out - Photograph Release Form

I hereby grant and authorize McClellanville Moms Morning Out the right to take, edit, copy, exhibit, publish, distribute and make use of any and all pictures or video taken of my child to be used in and/or for legally promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, website, social networking sites and other print and digital communications, without payment or any other compensation or consideration. This authorization extends to all languages, media, formats and markets now known or hereafter devised. This authorization and release form shall continue indefinitely, unless I otherwise revoke said authorization in writing McClellanville Moms Morning Out.

I understand and agree that these materials shall become the property of McClellanville Moms Morning Out to be used for the purpose of McClellanville Moms Morning Out and its organizations and representatives.

I accept, _____ I decline, _____

Date: _____ Relationship to the Child _____