



Mother's Morning Out Registration 2017-2018

Student Name _____
 Last First Middle Name Used

Age (on Sept. 1, 2017) _____ years _____ months Birth Date _____ Male Female

Mother's Morning Out

For children turning 2 after September 1, 2017. Children must be walking.

Please note we will do our best to accommodate your request. Registration is determined on a first come first served basis.

Days Preferred: Tuesday & Thursday Wednesday & Thursday

Parent/ Guardian Information

Marital Status:

Single Married Separated Divorced Widowed Other _____

Father	Mother
Name: _____	Name: _____
Mailing Address: _____	Mailing Address: _____
Home Address: _____	Home Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Work Phone: _____	Work Phone: _____
Lives with Child: _____ Yes/No	Lives with Child: _____ Yes/No

Do you have a home church? Yes / No Where? _____

If not, would you like someone from SIPC to contact you? Yes / No

Other members of Household: (age, relationship) _____

Skidaway Island Preschool students may be photographed or videotaped, and their picture displayed for educational and/or not-for-profit use in various ways: newspaper articles, community articles, classroom projects and school newsletters.

Permission given to Skidaway Island Preschool to photograph my child (children) . Yes / No

May we provide your phone number, e-mail and street address to classmates' parents? Yes / No

Registration fee is due at the time of registration (\$175.00 for first child and \$150.00 for each additional child in the family).

Supply fee is due April 1, 2017. Registration is not complete until the supply fee is paid in full. Fees are not refundable.

Parent Signature _____ Date: _____

Please note on back any information regarding your child that you feel may be helpful, such as fears, habits, allergies, interests, previous school experiences, etc.

FOR OFFICE USE ONLY

Date Received:	<input type="radio"/> Entered	<input type="radio"/> Agreement
Monthly Tuition Rate		
Registration Fee	<input type="radio"/> Paid	
Supplies Fee:	<input type="radio"/> Paid	Payments: