



# Mother's Morning Out Registration 2020-2021

Student Name \_\_\_\_\_  
Last First Middle Name Used

Age (on October 1, 2020) \_\_\_\_\_ years \_\_\_\_\_ months Birth Date \_\_\_\_\_ ☐ Male ☐ Female

## Mother's Morning Out

Children registering for this program must be one and walking by October 1, 2020.

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

Days Preferred: Monday & Wednesday Tuesday & 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 (\$225.00).

Supply fee is due April 1, 2020. 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: