

# Mother's Day Out Enrollment

Dear Parents,

We welcome you and are blessed that you have chosen our Mother's Day Out program for your child(ren). Our greatest desire is to serve you and to meet the needs of your child in the best possible way. We are Christ-centered and endeavor to instill God's Word in your little ones' hearts, as well as surround them with His love. So, thank you for partnering with us.

Please fill out the MDO Enrollment form attached. We also require copies of the following:

Child's:

- Immunization records or exemption
- Official certified birth certificate

Parent/Guardian's:

- Driver's License  
(or other form of ID)

Our hours of operation are Tuesdays and Thursdays from 8:00 a.m. to 2:30 p.m. We welcome infants and children from 6 weeks old to Pre-K. The yearly registration fee is \$50 per nuclear family. Daily fees are \$25.00 per child. Payment is due by 4:00 p.m. each Thursday. A \$20 late fee will be added weekly to all accounts that are not paid in full.

Drop-off before 8:00 a.m. is not permitted. Pick-up is at 2:30 p.m. A penalty fee of \$2.00 per minute will be charged for every minute after 2:30 p.m.

We provide a morning snack and drink. Please provide a lunch and drink for the day. You will also need to provide a blanket/pillow for nap time.

If you have questions, please give me a call at (210) 649-1178.

Grace & Peace,

Shelby Lindsey  
Mother's Day Out Coordinator

*Train a child in the way he should go, and when he is old he will not turn from it.*

*Proverb 22:6*

The following items are things you need to know before bringing your child to our Mother's Day Out program.

- When dropping off your child, please write their full name as well as the arrival time.

When picking up your child, your child's teacher will enter the time that you arrived for pick-up and then you sign on the signature line. If someone else will be picking up your child, print that person's name on the signature line and they will be required to sign your child out.

- All personal items must be clearly labeled with your child's name.
- If there are items in your child's lunchbox that need to be refrigerated, please use an insulated lunch tote or ice pack. We cannot store individual items in the refrigerator.
- Lunchtime warm-ups must be limited to 2 minutes.
- Your child will need a diaper bag or backpack with everything they will need for the day. For example, diapers, wipes, waterproof bibs, special blankets, a pillow for naptime, and two changes of clothes.
- For older children, you may place a change of clothes into a gallon-sized Ziploc bag with your child's name on it and the teacher will store it in the classroom until needed.
- Children will lie down on a mat during rest time. If you have one, you may provide it, otherwise, we do carry extras. It does not have to be any particular kind, size or color. All nap mat materials must fit in a large Ziploc style bag that must be sent home for laundry daily.
- We encourage tennis shoes for all children. They provide more stability as they explore the world around them.
- Toys from home are not allowed.

*In doing all of the above, this will help ensure a wonderful experience while your child is with us.*

*We are honored that you have entrusted us with your precious child(ren).*

# SALEM SAYERS BAPTIST ACADEMY

## Mother's Day Out Registration Form

Registration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child Information			
First Name	Middle Name	Last Name	Goes by/Nickname
Date of Birth	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Main Phone Text? Yes No
Physical Address		Mailing Address (if different)	
City		State	Zip
Church now attending			
Parent/Guardian Information			
<b>Note:</b> In case of divorce or legal separation, a copy of the custody statement signed and dated by the judge must accompany this enrollment packet and will be kept in the student's file.			
FATHER/Guardian Name*		Email:	Cell Phone
Father's Home Address (if different from Child)		Home Phone	
Father's Place of Employment		Occupation/Title	Work Phone
*If person named above is not the biological father, please explain the relationship to the Child:			
MOTHER/Guardian Name*		Email:	Cell Phone
Mother's Home Address (if different from Child)		Home Phone	
Mother's Place of Employment		Occupation/Title	Work Phone
*If person named above is not the biological mother, please explain the relationship to the Child:			
Medical Information			
Allergies or Special Needs: _____			
Any existing illnesses or previous serious illness or injury: _____			
Does your child require a special diet? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify _____			
Is your child currently taking any type of medications? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list medicines: _____			
List any chronic medical conditions: _____			
Has this child been hospitalized in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list reason: _____			
<p>In the event that I cannot be reached to make arrangements for emergency medical attention at the time of illness or accident, I hereby authorize the staff of the Salem Sayers Baptist Academy and/or Church to take my child to the doctor or hospital listed below for medical attention.</p> <p>If the doctor listed is not available, or the situation is urgent, the staff may secure medical attention for my child from any other licensed physician, EMS technician, emergency medical clinic, or hospital. I will assume full responsibility for the cost of any emergency services at the school, hospital, or doctor's office, and for the transportation cost, if any. I understand that the Children's Hospital of San Antonio (333 North Santa Rosa, San Antonio, TX) will be used due to its convenient location.</p>			
Doctor's Name	Doctor's Full Address (include City, State, Zip)		Phone

*I give permission for the above-named child to attend MDO and to participate in MDO-sponsored activities, including, but not limited to, water activities. I WILL NOT HOLD SSBA, Salem Sayers Baptist Church, the teachers, school administration, or other parents responsible for any accident, illness, or injury which may occur to my child while attending MDO. Permission is also granted for the use of pictures of my child on SSBA flyers, the SSBA website, and for other promotional purposes.*

DB: _____
CEA: _____
QB: _____
Administrator: _____
Date: ____/____/____

**Office Use Only:**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## Emergency Contacts/Pick-Up List

Please add additional individuals below that are authorized to pick up your child and/or may be contacted in an emergency. (In the case of an emergency we will attempt to contact the parent/guardian first.)

**Complete address (city, state and zip) is required for at least one person listed.**

1	Name				Relationship
	Street Address	City	State	Zip	Phone
2	Name				Relationship
	Street Address	City	State	Zip	Phone
3	Name				Relationship
	Street Address	City	State	Zip	Phone
4	Name				Relationship
	Street Address	City	State	Zip	Phone
5	Name				Relationship
	Street Address	City	State	Zip	Phone

## Child Information

Describe your child's personality (sensitive/shy/outgoing, etc.): \_\_\_\_\_

\_\_\_\_\_

Does your child have any special fears?  Yes  No Explain: \_\_\_\_\_

\_\_\_\_\_

What form of discipline does your child respond best to? \_\_\_\_\_

Is there any information we should know that would help us understand your child better? \_\_\_\_\_

\_\_\_\_\_

List any activities in which your child should not participate in: \_\_\_\_\_

\_\_\_\_\_

I give permission for my home phone number to be printed on a student list distributed to my child's class and room parent(s):  Yes  No

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### MEDICATIONS

Medications must be provided by the parent/guardian and kept in the Academy office--  
they may not be carried by students or in backpacks.

All medications must be in its original packaging.

Please provide any dosing cup, spoon or dropper required for dispensing.

**NON-PRESCRIPTION MEDICATIONS:** It is the policy of Salem Sayers Baptist Academy not to administer non-prescription medication without approval from the parent/guardian. This form must be filled out in advance and kept on file in the Academy office. There is no sharing of medication other than with siblings.

Medication Name:	For the following symptoms:	Dosage:

### PRESCRIPTION MEDICATIONS

Medication Name:	Times to be Administered:	Dosage:

I have read and understand the above policies concerning medications.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date