

Southeast Baptist Church Mother's Day Out
708 Minerva Drive ☿ Murfreesboro, TN 37130 ☿ (615) 896-0940

Application for Enrollment

Child's Full Name _____
Last First Middle

Name child is called _____ Child's Date of Birth: _____
Parent(s)/Guardian(s) Child's Gender: Male _____ Female _____

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

City Zip City Zip

Employer: _____ Employer: _____

Home _____ Home _____

Work _____ Work _____

Cell _____ Cell _____

E mail _____ E mail _____

With whom does this child reside: both parents mother only father only other _____

To insure the safety of your child, list other adults to whom your child may be released

Name _____ Relation to child _____ phone# _____

Name _____ Relation to child _____ phone# _____

List any person your child MAY NOT be released _____

Church you are presently attending _____

Would you like to know more about Southeast Baptist? Yes _____ No _____

Would you like your child to attend: 1 day a week..Tuesday or Thursday or 2 days a week (please circle one)

A Non-refundable enrollment fee is due with this application to hold a spot for your child!!!

Please attach a current copy of your child's immunization record...these are due your child's first week of school.

You can have a copy faxed to 896-5554.

FOR OFFICE USE ONLY

Date enrolled ____/____/____

Class Assignment _____

Registration Fee \$ _____ check# _____ cash _____

Tuition Agreement _____

Health Record _____

EM Release _____

Welcome letter sent _____

General Info _____

Immun Record _____

Tuesday _____

Thursday _____