

IBC MDO AGREEMENT FORM

I have received a copy of the Mother's Day Out policies of Immanuel Baptist Church and I agree to abide by the regulations and requirements therein. I understand that there are inherent risks that come with sending my child to a preschool program, and I agree not to hold Immanuel Baptist Church, the MDO Director, and/or any teacher responsible in case of accident or injury or sickness. I agree to send my child to MDO regularly except when the child may be sick, or when unusual or difficult circumstances make it necessary for them to miss a day.

I agree to pay all MDO Day fees when they are due and no later than the "Last Day Due". I understand there will be a \$10 late fee added to my fees if I am later than that date. I further understand that if I am more than two months past due on my account that my child will have to leave the program. I am also responsible to let the MDO director aware of any financial difficulties I might have in paying my fees. If I have to withdraw my child for any reason, I understand that I must give a 2 week notice.

I understand the registration fee is nonrefundable. I understand that there will be no reduction in fees for the time our child must miss due to illness, vacation, etc.

I authorize the Mother's Day Out staff to take whatever emergency medical measures deemed necessary for the protection of my child while he/she is in their care. I understand that this authorization includes calling the physician named in the registration form, implementing his/her instructions and transporting my child to a hospital or clinic without first obtaining my consent.

Parent's
Signature _____
Date _____

Director's
Signature _____
Date _____