

Office Use Only: Allergy _____ Media _____ Days _____ Email _____



Application Form

Child's Name: _____
Last First

Birth Date: _____ Gender: M F Potty Trained? Y N

Address: _____
Street City Zip Code

Father's Name: _____ Cell Phone: _____

Mother's Name: _____ Cell Phone: _____

Primary Email: _____

Primary person(s) that will be picking up your child:

Name: _____ Phone: _____

What days do you want to enroll your child?

Monday & Wednesday _____

Preschool Prep 3 Day Program _____ (Must be 3 years old & Potty-trained by September 1st)
(Monday/Tuesday/Wednesday)

Medical Information:

Doctor's Name: _____

Phone Number: _____

Hospital Preference: _____

Please list any allergies or health problems:

Please Attach A Photocopy of Your Child's Immunization Records

In case of an emergency and we are unable to reach a parent, list a relative or neighbor that we can contact.

Name: _____

Relationship to child: _____

Phone: _____

By signing below, you are granting permission for CCC MDO to meet the needs of your child in case of an emergency. You are also stating your understanding that Covenant Community Church is not liable for any doctor or hospital charges that may occur while your child is under their care.

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

MDO POLICY AGREEMENT

Child's name _____

Please read and initial the following:

____ I understand and agree to comply with the policies outlined in the parent handbook.

____ Tuition has been calculated and divided out evenly for every month, regardless of holidays or scheduled breaks.

____ Tuition is due on the first full week of the month, and a late fee will be charged if payment is not received by the 15th.

____ Tuition will not be reimbursed for any reason.

____ Students are to be picked up no later than 2:00. A late fee will be charged for students who have not been picked up by 2:05.

____ Important messages will be sent out via my child's class GroupMe and via email. Check these sources for information on school closings, special events, and updates.

____ I have read the illness policy and will not bring a child to school who has exhibited the following in the last 24 hours:

- a fever greater than 99.4
- vomiting or diarrhea
- unexplained rash, skin infections, or lice
- green or yellow discharge from the nose or eyes

____ I understand that a child prescribed antibiotics must be taking them a minimum of 48 hours and be fever free for at least 24 hours to be accepted back in the program.

Parent's Signature

Date

MEDIA RELEASE FORM

I grant permission to Covenant Community Church Mother's Day Out (CCC MDO), on behalf of Covenant Community Church and its agents or employees, to use photographs taken of my child/children for use in school publications such as recruiting brochures, newsletters. And magazines, and to use the photographs on display boards, and to use such photographs in electronic versions of the same publications or on CCC websites or other electronic forms of media.

I hereby waive any right to inspect or approve the finished photographs or printer or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph.

I hereby agree to release, defend, and hold harmless CCC MDO, on behalf of Covenant Community Church, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any issue, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

I have read this release before signing below, and I fully understand the contents, meaning and impact of the release. I understand that I am free to address any specific question regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

_____ I release any rights to pictures of my child taken at CCC MDO. Pictures may be used on the CCC MDO website, Facebook page, and GroupMe groups. Pictures may be used in any publications created by CCC MDO.

_____ I release CCC MDO to use pictures of my child taken at CCC MDO **ONLY** on the GroupMe Groups.

_____ I **DO NOT** release CCC MDO to use pictures of my child in any format.

Paret's Signature

Date