

Victory Baptist Mother's Day Out Enrollment Application

Personal Information:			
Child's Name:			
Child's Birth Date:			
Sex: Female/Male			
Street Address:			
City/State/Zip:			
I am Registering for the		Tuesday/Thursday	Wednesday/Friday
Program			
With Whom Does the Child Reside:		Mother / Father / Both / Other	
Father's Name:			
Home Phone:		Work/Cell Phone:	
Email:			
Mother's Name:			
Home Phone:		Work/Cell Phone:	
Email:			
Additional Phone Numbers:			
Emergency Medical Information			
In Case of Emergency, Contact Name:			
Emergency Contact's relationship to child:			
Emergency Contact's Phone Number:			
Allergies:			
Medical Problems/Issues:			
Other Information			
What state of potty training is your child?			
Sleeping/resting/napping instructions:			
How is your child disciplined at home?			
What comforts your child when upset?			
Siblings and ages:			
Church You Attend:			

All the above informatin is accurate and correct. I understand that this application must be accompanied by a \$85.00 NON-Refundable Registration fee to guarantee my child's placement for the 2016/2017 school year. I agree to grant permission for the staff to meet the needs of my child in the case of an emergency.

This Facility is Not Required to be licensed by the State of Tennessee as a child care agency.

Parent Signature

Date Submittec

Call 615-773-6336 or 256-503-6332 to schedule an appointment for registration.