

**MOTHER'S DAY OUT
REGISTRATION FORM 2025-2026**

First Presbyterian Church

540 Sam Ridley Parkway West

Smyrna, TN 37167

Full Name of Child _____ Boy or Girl
(First) (Middle) (Last)

Child likes to be called _____ Date of Birth _____

Home Address (street name) _____

City _____ State _____ Zip Code _____

Allergies and Medications

List all allergies, including food		Epipen Required: YES NO
Symptoms		Epipen Provided: YES NO
List Medications Taken		

Parental Information – please PRINT clearly* Bolded fields MUST be completed for both parents

	Mother	Father
Name (both must be completed)		
Address (if different than child)		
Home Phone		
Cell Phone		
Employed By		
Work Phone		
Email address		

Parents: _____ Single _____ Married _____ Separated _____ Divorced _____ Widowed

Student primarily lives with: _____

Is the student registered in another program: YES NO Is the student trying to get into the public school system: YES NO

Who will consistently pick up your child on a daily basis: _____

If someone other than the normal person is picking up your child, the Director MUST be notified either at drop off or via a text message (615)-473-7134, authorizing someone else to pick up your child. ID must be presented by the authorized person. No child will be released without prior notification to the Director. Person picking up the child must speak and understand English.

Brothers/Sisters

Name(s) & Ages _____

How did you hear about us _____ Referred by _____

PLEASE COMPLETE THE BACK SIDE

Person Authorized to Pick Up Child and/or Emergency Contacts after parents

Identification will be required to pick up child

Name	Relationship	Phone Number

Security Concerns:

Are there any persons/family members that your child should NOT be allowed to leave with or have contact with? (i.e. parent has a restraining order in place, etc.) Please provide as much information as possible.

Experience with Others:

Has your child been in a program before? YES NO
 If yes, why did you leave? _____

Does your child play with children other than family members? YES NO

Does your child separate easily from parent? YES NO

General Information:

Does your child nap? YES Usual time? _____ NO

Describe your child: Active Quiet Friendly Shy Loving Outgoing Easily adaptable Reserved Loner
 Verbal Non-Verbal Sensory Issues

Is your child potty trained? (3 yr old must be almost trained; 4 yr olds must be fully trained and independent in bathroom) YES NO
 If not potty trained, what stage of potty training are they in? _____

Does your child have any special needs or is there any other information that may be helpful to your child's teacher?

Communication:

What language does the child speak at home? English Other _____

Does your child speak/understand English? YES NO Does Parent/Guardian speak and understand English? YES NO

Does the person picking up the child speak/understand English? YES NO

English MUST be spoken to your children when in the MDO program. Communication with the Directors and Teachers is key.

Immunizations: First Presbyterian Church's Mother's Day Out Program REQUIRES all children be vaccinated to participate in our program. A copy of the child's shot record must be in place before the child can start the program.

Tuition is due on the 1st (first) of the month. A five-day grace period will be given. After that, a daily late fee will accrue.

First Presbyterian Church's Mother's Day Out Program is not required to be licensed by the State as a childcare agency. Our Mother's Day Out Program is registered with the Department of Human Services. Registration form and non-refundable registration fee must be collected in order to secure a place for your child. Class enrollment is based on the child's age as of August 15, to keep in line with the Rutherford County School system. You will be notified of class and teacher assignments prior to the first day of school. Each student will receive a "Welcome Packet" with the details of our programs policies. All policies and procedures within the Welcome Packet must be followed.

Parent/Guardian Signature _____ Date _____

For MDO Completion Only:

Classroom: _____

Date Registered _____ Amount Paid _____ Check # or cash _____ Shot Records: YES NO