

Mother's Morning Out Registration Form

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Student's Name:		D.O.B.:	/_	/	Age:	_ M	or F
Student's Name:		D.O.B.:	/_	/	Age:	_ M	or F
Student's Name:		D.O.B.:	/_	/	Age:	_ M	or F
Address:	City:			_ Zip: ˌ		_	
Mother's Name:	Father's Na	ame:				_	
Home #: Work #: Cell#:	Work #: _				 		
E-mail:							
There are no make-ups or refunds for mi							
PLEASE CIRCLE THE DAYS THAT YOUR C	HILD/CHILDREN WI	LL ATTEND).				
Wednesday	Friday						
In the event that I cannot be reached to r "MMO/JFK Director" or person in charge to Signature of Parent or Legal Guardian: Child's Physician: Any known medical problems/allergies:	o take my child to the	e nearest m	edical	facility Da	/. ate:/	/	
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All precautions will be taken to prevent acadministered and a parent and/or doctor liable for injuries that occur on the premis I/We	RELEASE OF LIABIT cidents. However, so will be notified. Nation less or otherwise in the assume ur child while in Mothers., it's owners, and standed participating in the DIAN:	LITY nould an aconal Elite Gree care of New all responsier's Morninaff against te program.	ccident ymnas .E.G. r ibility ig Out any a	coccur, etics an personr and wa or Jus nd all c	, first aid will d staff canno nel. aive any clain t for Kids, ar claims, which	ot be hon for defined here may a	eby arise
REGISTRATION FEE: MON	THLY FEE:	TOTAL	:				