

Victory Baptist Mother's Day Out Enrollment Application- 2018/2019

Office use only:	
Age class:	Reg. pymnt:

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 (someone other than Parents listed above)	
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:
What comforts your child when upset?
Other Instructions pertaining to your child that would be helpful to our staff:
Siblings and ages:

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 2018/2019 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 Submitted

Call 615-773-6335 or our cell 615-894-1281 or email at vbcmdo@vbcmtj.org to schedule an appointment.