

Morningside Day Out, Inc.

MDO REGISTRATION FORM - Summer Program 2012

Application Date \_\_\_\_\_

Student's Name \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Preferred Email \_\_\_\_\_

Parent's Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent's Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Allergies or health concerns \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Session I: (June 4-29):

1<sup>st</sup> choice day(s) preference \_\_\_\_\_

2<sup>nd</sup> choice day(s) preference \_\_\_\_\_

Session II: (July 5-31):

1<sup>st</sup> choice day(s) preference \_\_\_\_\_

2<sup>nd</sup> choice day(s) preference \_\_\_\_\_

Please check all that apply to your enrollment status:

\_\_\_\_\_ Current enrollee \_\_\_\_\_ Sibling of child who attends/attended MDO

\_\_\_\_\_ Peachtree Baptist Church member \_\_\_\_\_ New Family Registration

Please submit Registration Form and Payment \* to: MDO, P.O. Box 8986, Atlanta, GA 31106

\* Include the \$35 registration fee, plus a deposit for one session (\$90.00) or two sessions (\$180.00). Deposits are refunded ONLY if your child is not placed in our program.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_