



Morningside Day Out, Inc.

MDO REGISTRATION FORM - Fall 2012/2013

Application Date \_\_\_\_\_ Child's Age on 9/1/2012 \_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

CLASS ENROLLMENT: # of days per week you are requesting (please circle one)

1 \_\_\_\_ 2 \_\_\_\_ 3 \_\_\_\_ 4 \_\_\_\_ 5 \_\_\_\_

Days of week preference - 1st preference (please circle your choice)

Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_ Thursday \_\_\_\_ Friday \_\_\_\_

2nd preference

Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_ Thursday \_\_\_\_ Friday \_\_\_\_

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

\* The \$100 registration fee is non-refundable. One month's tuition is due in May of the preceding year, and is credited towards the following May tuition payment. This payment is refunded ONLY under BOTH of the following conditions: 1. the family moves out of the area AND 2. thirty (30) days' written notice of withdrawal is given to the director.

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