

Enrollment Form

Huffman Campus

Crosby Campus

of days a week

2 days

3 days

4 days

5 days

Child's Name _____ Birthdate _____

Parent's Relationship to Each Other: Married ___ Divorced ___ Separated ___ Single ___

(If divorced, a copy of the Divorce Decree noting guardianship, days of visitation, etc., must accompany this form)

Child's T-shirt size _____ Child lives with (please check all that apply)

Mother and Father ___ Mother ___ Father ___ Other _____

Father's Name _____ Driver's License _____

Home address _____ Phone _____

City _____ State _____ Zip _____

Occupation _____ Employer _____

Work Phone _____ Mobile _____ Home Phone _____

Mother's Name _____ Driver's License _____

Home address _____ Phone _____

City _____ State _____ Zip _____

Occupation _____ Employer _____

Work Phone _____ Mobile _____ Home Phone _____

Family religious preference _____ Church Membership _____

How did you find out about our program? _____

List at least one local person who will be available to assume responsibility for you child in an emergency if parents cannot be reached.

Name _____ Relationship to Child _____

Address _____ Driver's License _____

City _____ State _____ Zip _____

Occupation _____ Employer _____

Work Phone _____ Mobile _____ Home Phone _____

Release of Child

I authorize that my child, _____, be released by Little Friends MDO Pre-K of Crosby Church to the following persons, in addition to those already listed.

Name _____ Relationship to Child _____
Address _____ City _____ State _____ Zip _____
Work Phone _____ Home Phone _____ Cell _____

Name _____ Relationship to Child _____
Address _____ City _____ State _____ Zip _____
Work Phone _____ Home Phone _____ Cell _____

Emergency Medical Care

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize Little Friends MDO Pre-K of Crosby Church staff to take my child to an Emergency Room or to the following physician (or his/her associate) for medical care.

Dr. _____ Hospital _____

Address _____ Phone _____
City _____ State _____ Zip _____

Special Instructions _____

I give consent for any and all treatment deemed necessary by the attending physician.

(Attach a photocopy of your insurance card)

(Signature of Parent/Guardian)

State of _____ **County of** _____

This instrument was acknowledged before me on (date) _____ **by** _____

(Notary Seal)

(Signature of Notary Public)

Date of Enrollment _____

CHILD PROFILE

UNDERSTANDING YOUR CHILD'S UNIQUENESS

In an effort to be sensitive , responsive teachers and meet your child's unique needs, please complete the following information and return it to us. Thank you for giving us the opportunity to teach your child.

Child's Name _____ Parent (s) Name (s) _____

Email address _____ Phone (s) _____

Circle: Male or Female Birthdate: _____

Allergies

1. What is your child's favorite way to be held, touched , and talked to?

3. What is your child's favorite activity?

4. Is your child : very active _____ more laid back _____

5. How does your child react to new situations or meeting someone new?

6. How is your child used to eating and what would you like me to know about his/her eating habits?

7. How does your child react to a change in his/her routine?

8. How does your child show anger, sadness, or excitement?

9. How does your child react to transitions—home to center, play to a meal, play to bed, etc?

10. Is your child persistent when she/he has a hard time doing something? Yes ___ No ___

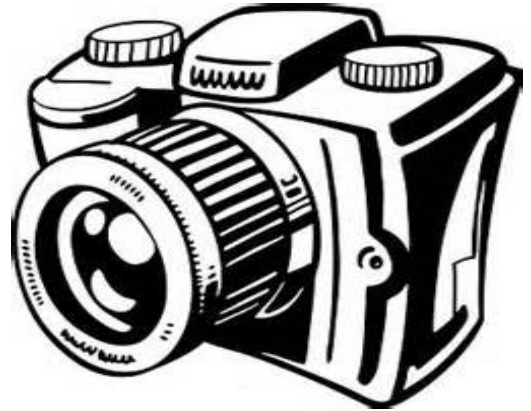
Does he/she keep trying or does he/she get frustrated and give up? _____

11. How does your child react toward other children?

12. Does he/she enjoy: being around other children _____ alone _____

13. How does your child usually like to nap? (What do they sleep with, like to be patted or rocked, etc.)

Photography



From time to time Crosby Church MDO Pre-K will photograph daily events. Some of these images will be shared with parents and may also be shared on the church's Facebook page or website. **By signing below, you are granting us permission to publish your child's photo.** If you DO NOT wish for us to publish your child's form, then do not sign this form.

Child's Name _____

(Parent's signature if you DO give us permission to publish your child's photo.)

Parent's Signature _____ Date _____

Text Alerts

Parents,

Crosby Church Mother's Day Out program will be able to send out text alerts to our families in our program. This will be a way of reminding about upcoming events, picture day etc. If you would like to receive these please fill out the form below with your cell number or numbers and carrier.

Thank you,

Ms. Rhonda

Name _____

Cell number (s)

Carrier _____

Parent Agreement

I have received a copy of the Little Friends MDO Pre-K Program, Parent Handbook.

I read and understand the policies and the guidelines as described in the Handbook, and I agree and abide by them.

This copy is for Our Records

(Signature of Parent/Guardian)

(Date)

(Name of Child enrolled)

Please include a
recent picture of
your child and
put name on the
back of the pic-
ture. Thank you!

Little Friends MDO Pre-K

Supply list

Each student will need to pay a \$30 supply fee. This will enable the teachers to better accommodate the supply needs throughout the year. In addition to the \$30 supply fee, your child will need:

1. Nap mat
2. Lunch kit
3. Back pack (with an extra change of clothes)
4. Diapers/Pull ups and wipes (if it applies)
5. Folder

Crosby Church MDO PRE-K Crosby Campus | 2019-2020



Calendar Key
Highlighted Dates: Tuition Due
Red-MDO School Days
Green Dates- No MDO School

JULY 2019						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

JANUARY 2020						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

1-5 Christmas break
 6 Tuition Due
 20 M.L. King Day

19 Open House
 26 Tuition Due
 26 First Day of School

AUGUST 2019						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

FEBRUARY 2020						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

3 Tuition Due
 12 Valentine's Party
 17-Presidents Day

2 Labor Day
 4 Tuition Due
 9 Grandparent's Day

SEPTEMBER 2019						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

MARCH 2020						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

2 Tuition Due
 9-13 Spring Break

2 Tuition Due
 2 Donuts with dad
 30 Fall Party

OCTOBER 2019						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

APRIL 2020						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

1 Tuition Due
 8 Easter Picnic
 10 Good Friday
 12 Easter

1 Tuition Due
 25-29 Thanksgiving Break
 28 Thanksgiving Day

NOVEMBER 2019						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

MAY 2020						
S	M	T	W	Th	F	S
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3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30


4 Tuition Due
 6 Muffins with Mom
 25 Memorial Day
 27 Carnival and Last Day of School
 28 End of Year Program

2 Tuition Due
 12 Christmas program
 16 Polar Express Day
 18 Christmas Party/ Gift Exchange
 Dec 20-31 Christmas Holiday
 25 Christmas Day

DECEMBER 2019						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

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Crosby Church MDo PRE-K Huffman Campus | 2019-2020



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 3 Tuition Due
 10 Grandparent's Day

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1 Tuition Due
 3 Donuts with dad
 31 Fall Party

APRIL 2020

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