



St. George Episcopal Church
Mother's Day Out
Registration
Fall 2008

Child's Full Name: _____ Male Female

Child's Nick Name: _____

Home Phone: _____ E-mail: _____

Mother or Guardian:

Name: _____ TXDL: _____

Church Affiliation: _____

Employer: _____ Occupation: _____

Business Phone: _____ Cell: _____ Pager: _____

Father or Guardian:

Name: _____ TXDL: _____

Church Affiliation: _____

Employer: _____ Occupation: _____

Business Phone: _____ Cell: _____ Pager: _____

Brothers and Sisters (Names and Ages):

Should the child be under the legal custody of only one parent, a copy of the final court judgment must be on file at St. George Episcopal Church.

Enrollment Packets will include the following for your completion. Return by start date:

- | | |
|---|--|
| 1. Tuition and Supply Fees ____ | 5. Media Release Form ____ |
| 2. First Month's Tuition ____ | 6. Handbook Form ____ |
| 3. Medical Information Form ____ | 7. Discipline and Guidance Policy ____ |
| 4. Family Information for Emergency and School Pick Up ____ | |

Registration Fee of \$35 must accompany this registration form to hold a space in the class for your child. Checks should be made payable to St. George Episcopal Church. **This fee is not refundable.**

For MDO Use Only:

Received by: _____ Date Received: _____ Check #: _____ Amt.: _____