



Mother's Day Out

at Brenham's First Baptist Church

979-836-1533 PO Box 600, Brenham, TX 77834 303 Sycamore St, Brenham, Texas 77833

DEAR PARENTS,

THANK YOU SO MUCH FOR INQUIRING ABOUT OUR MOTHER'S DAY OUT PROGRAM. THIS PROGRAM IS A MINISTRY OF BRENHAM'S FIRST BAPTIST CHURCH. OUR PROGRAM IS DESIGNED IN A LOVING, NURTURING CHRIST CENTERED ENVIRONMENT. PRESCHOOLERS ARE TAUGHT BIBLICAL PRINCIPLES WHILE FOCUSING ON THEIR SOCIAL, EMOTIONAL, PHYSICAL, COGNITIVE AND SPIRITUAL DEVELOPMENT.

OUR DAILY ROUTINE CONSISTS OF CHAPEL, STORY TIME, SNACK TIME, OUTDOOR PLAY, FINE AND GROSS MOTOR SKILLS, LUNCH, CENTERS, CRAFTS, EDUCATIONAL LEARNING, AND REST TIME. THE PROGRAM IS OFFERED FROM AGES 15 MONTHS TO PRE-K. WE ALSO OFFER AN AFTER SCHOOL PROGRAM FOR CHILDREN WHO ATTEND BRENHAM'S FIRST BAPTIST CHURCH SCHOOL. WE ASK THAT ALL 3 AND 4 YEAR OLD PRESCHOOLERS ARE POTTY TRAINED BEFORE SCHOOL STARTS.

OUR PROGRAM RUNS FROM 8:30-2:30 ON TUESDAYS AND THURSDAYS. PLEASE RETURN THE ATTACHED FORMS AND ENROLLMENT FEE AS SOON AS POSSIBLE TO SECURE YOUR CHILD'S/CHILDREN'S SPOT. THE ENROLLMENT FEE FOR EACH CHILD IS A ONE-TIME FEE OF \$100.00 DUE ON OR BEFORE THE FIRST DAY OF SCHOOL. AS SOON AS WE COLLECT THE ENROLLMENT FEE, YOUR CHILD WILL BE PUT ON OUR SCHOOL ROSTER. WE CANNOT HOLD A SPOT FOR YOUR CHILD UNTIL THE FEE IS PAID IN FULL. CLASSES WILL BE FILLED FIRST COME, FIRST SERVED.

PLEASE FEEL FREE TO CALL THE CHURCH OFFICE DURING THE SUMMER IF YOU HAVE ANY QUESTIONS AT 979-836-2807 OR DURING THE SCHOOL YEAR AT 979-836-1533. YOU CAN ALSO EMAIL ME AT MDO@FBC-BRENHAM.ORG

BLESSINGS,

KRISTIE MENDOZA,
DIRECTOR, MOTHER'S DAY OUT



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ENROLLMENT FEES

ENROLLMENT FEE FOR THE 2017-2018 SCHOOL YEAR IS AN ONE TIME FEE OF \$100.00 PER CHILD (NON-REFUNDABLE) THAT IS DUE AT THE TIME OF ENROLLMENT.

IF YOUR CHILD STARTS THE PROGRAM DURING THE 2018 SCHOOL YEAR (JANUARY-MAY), WE ASK THAT YOU PAY A \$45.00 ENROLLMENT FEE (NON-REFUNDABLE).

IF YOUR CHILD IS IN OUR AFTER SCHOOL CARE PROGRAM (ATTENDS BFBCS IN THE MORNINGS), THEIR ENROLLMENT FEE IS AN ONE TIME FEE OF \$50.00 PER CHILD (NON-REFUNDABLE) THAT IS DUE AT THE TIME OF ENROLLMENT.

OUR PROGRAM IS A MINISTRY OF BRENHAM'S FIRST BAPTIST CHURCH. THE ENROLLMENT FEES OFFSET ANY EXPENSES WE HAVE THROUGHOUT THE YEAR, INCLUDING TEACHERS SALARIES.

SUPPLY LIST

A ONE TIME FEE OF \$40.00 TAKES CARE OF SUPPLIES FOR MDO. THIS INCLUDES SNACKS, ARTS & CRAFTS SUPPLIES AND PERSONAL CARE SUPPLIES

MONTHLY TUITION

DECEMBER TUITION WILL BE HALF OFF AS A GIFT FROM BFBC MOTHER'S DAY OUT

	15 MONTHS-24 MONTHS	24 MONTHS- 5 YEARS	AFTER SCHOOL BFBCS STUDENTS 11:30AM-2:30PM
ONE DAY A WEEK (TUESDAY OR THURSDAY)	\$145.00 PER MONTH	\$140.00 PER MONTH	\$75.00 PER MONTH
2 DAYS A WEEK	\$200.00 PER MONTH	\$180.00 PER MONTH	\$115.00 PER MONTH
DROP IN CHILDREN (BY APPOINTMENT ONLY)	\$50.00 PER DAY	\$50.00 PER DAY	\$35.00 PER DAY

DISCOUNTS

WE OFFER A 10% DISCOUNT ON YOUR **TOTAL** MONTHLY TUITION FOR 2 OR MORE CHILDREN IN THE SAME FAMILY ENROLLED IN OUR PROGRAM.

WE DO NOT OFFER A DISCOUNT FOR DROP IN CHILDCARE NOR REGISTRATION FEES.

IN ORDER TO QUALIFY FOR THE SIBLING DISCOUNT, YOUR CHILDREN MUST BE ENROLLED ON BOTH TUESDAY AND THURSDAY, WHICH IS CONSIDERED A FULL TIME MDO STUDENT.

PAYMENT

PAYMENTS (ENROLLMENT, SUPPLY FEE AND MONTHLY TUITION) CAN BE PAID WITH CASH OR A CHECK, MADE PAYABLE TO BFBC (BRENHAM'S FIRST BAPTIST CHURCH)

HOT LUNCHES FOR YOUR CHILD ARE AVAILABLE THROUGH OUR CHURCH SCHOOL. PAYMENT FOR HOT LUNCHES CAN BE MADE USING OUR HOT LUNCH PRE-PAID CARD. THIS PAYMENT NEEDS TO BE MADE FOR THE EXACT AMOUNT (\$3.50 X NUMBER OF LUNCHES) AND CAN BE PAID WITH CASH OR CHECK, MADE PAYABLE TO BFBCS (BRENHAM'S FIRST BAPTIST CHURCH SCHOOL).

CONTACT INFORMATION

BFBC MOTHER'S DAY OUT PHONE NUMBER: 979-836-1533
 BFBC MOTHER'S DAY OUT EMAIL ADDRESS: MDO@FBC-BRENHAM.ORG
 BFBC MAIN NUMBER: 979-836-2807
 BFBC WEBSITE: WWW.FBC-BRENHAM.ORG

KRISTIE MENDOZA, BFBC MOTHER'S DAY OUT DIRECTOR



2017–2018 REGISTRATION FORM

CHILD'S NAME (LAST, FIRST, MIDDLE & NICKNAME, IF APPLICABLE)	DATE OF BIRTH	HOME PHONE
STREET ADDRESS	CITY, ZIP	MALE OR FEMALE
MOM'S NAME (OR LEGAL GUARDIAN'S NAME)	CELL PHONE	EMPLOYER
MOM'S EMAIL (OR LEGAL GUARDIAN'S EMAIL)	WORK PHONE	BEST WAY TO REACH YOU: HOME CELL TEXT EMAIL
DAD'S NAME (OR LEGAL GUARDIAN'S NAME)	CELL PHONE	EMPLOYER
DAD'S EMAIL (OR LEGAL GUARDIAN'S NAME)	WORK PHONE	BEST WAY TO REACH YOU: HOME CELL TEXT EMAIL
CHURCH AFFILIATION	MEMBER OF CHURCH? YES NO	RACE OF CHILD

ENROLLMENT

PLEASE CIRCLE BELOW THE DAYS & THE AGE BRACKET OF YOUR CHILD AS OF SEPTEMBER 1, 2017

1 DAY A WEEK (TUESDAY)	2 DAYS A WEEK (TUES & THURS)	24 MONTHS– 3 YEARS	4 YEARS- 5 YEARS (MUST BE POTTY TRAINED)
1 DAY A WEEK (THURSDAY)	15 MONTHS– 23 MONTHS	3 YEARS- 4 YEARS (MUST BE POTTY TRAINED BY 3)	AFTER SCHOOL CHILD & AGE:

- I UNDERSTAND THAT TUITION IS NOT BASED ON THE NUMBER OF SCHOOL DAYS PER MONTH. IT IS BASED UPON THE TOTAL NUMBER OF SCHOOL DAYS PER YEAR AND DIVIDED INTO 9 EQUAL PAYMENTS FOR CONVENIENCE.
- EVEN THOUGH MARCH AND MAY HAVE FEWER SCHOOL DAYS THAN OTHER MONTHS, I UNDERSTAND THAT TUITION FOR MARCH AND MAY IS NOT PRORATED. DECEMBER THOUGH, IS HALF OFF TUITION AS A GIFT FROM MDO.

SIGNATURE— PARENT OR LEGAL GUARDIAN

DATE

RELEASE FORM

IN THE EVENT OF AN EMERGENCY OR SICKNESS AT SCHOOL AND I AM NOT ABLE TO BE REACHED &/OR PICK UP MY CHILD, I DESIGNATE THE FOLLOWING RELATIVE(S) &/OR FRIEND(S) TO BE CALLED AND TO PICK MY CHILD UP FROM SCHOOL **(AT LEAST 2 LOCAL CONTACTS)**

NAME	PHONE NUMBER	RELATIONSHIP

PLEASE LIST PERSONS WHO *MAY NOT* PICK UP YOUR CHILD:

--



STUDENTS NAME: _____

SPECIAL HEALTH CONSIDERATIONS

DOES YOUR CHILD HAVE ANY ALLERGIES? (FOOD, ANIMALS, SEASONAL, ETC.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF SO, WHAT ALLERGIES DOES YOUR CHILD HAVE AND WHAT TRIGGERS IT?		
HOW SHOULD WE RESPOND IF HE/SHE HAS AN ALLERGIC REACTION?		
LIST ANY SPECIAL PROBLEMS THAT YOUR CHILD MAY HAVE, SUCH AS EXISTING ILLNESS, PREVIOUS SERIOUS ILLNESS, INJURIES AND HOSPITALIZATIONS DURING THE PAST 12 MONTHS, ANY MEDICATION PRESCRIBED FOR LONG-TERM CONTINUOUS USE, SPECIAL NEEDS AND ANY OTHER INFORMATION WHICH CAREGIVERS MAY NEED TO BE AWARE OF:		

AUTHORIZATION TO TREAT A MINOR

EFFECTIVE SEPTEMBER 1, 2017–MAY 31, 2018

CHILDS LAST NAME	CHILDS FIRST NAME	CHILDS MIDDLE INITIAL
SEX: MALE FEMALE	DATE OF BIRTH	FAMILY PHYSICIAN
PHYSICIAN'S ADDRESS		PHYSICIAN'S PHONE NUMBER

IN THE EVENT THAT I CANNOT BE REACHED TO MAKE ARRANGEMENTS FOR EMERGENCY MEDICAL ATTENTION, I AUTHORIZE BRENHAM'S FIRST BAPTIST CHURCH TO TAKE MY CHILD TO EITHER: BRENHAM CLINIC ASSOCIATION, 600 NORTH PARK STREET, BRENHAM, TX, PHONE NO. 979-836-6153 OR SCOTT & WHITE HOSPITAL, 700 MEDICAL PARKWAY, BRENHAM, TX, PHONE NO. 979-836-6173.

I (WE) THE UNDERSIGNED PARENT, PARENTS OR LEGAL GUARDIANS OF MY CHILD, NAMED ABOVE, A MINOR, DO HEREBY AUTHORIZE TREATMENT OF MY (OUR) CHILD BY A LICENSED MEDICAL PHYSICIAN IN CASE OF ANY ACCIDENT OR ILLNESS THAT MAY SO ARISE, OR ANY HOSPITALIZATION NECESSARY.

I GIVE BRENHAM'S FIRST BAPTIST CHURCH MOTHER'S DAY OUT PERMISSION TO SECURE ANY AND ALL NECESSARY EMERGENCY MEDICAL, HOSPITAL OR DENTAL TREATMENT FOR MY CHILD IN THE EVENT OF INJURY OR ILLNESS WHILE THE CHILD IS IN THE CARE OF THE ABOVE NAMED PROVIDER. NOTE: I UNDERSTAND AND AGREE THAT I WOULD BE FINANCIALLY RESPONSIBLE FOR ANY MEDICAL TREATMENTS NECESSARY. I HAVE FULL UNDERSTANDING THAT EVERY ATTEMPT WILL BE MADE TO CONTACT THE PARENT OR GUARDIAN IN THE EVENT MEDICAL TREATMENT IS NECESSARY. I UNDERSTAND THAT CERTAIN MEDICAL EMERGENCIES MAY NOT ALLOW MUCH TIME FOR CONTACT OF PARENT/GUARDIAN AND THAT IF A LIFE-THREATENING SITUATION ARISES, THE PROVIDER WILL SEEK IMMEDIATE MEDICAL ATTENTION.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

AUTHORIZATION FOR FIELD TRIP

MY CHILD, NAMED ABOVE, HAS MY PERMISSION TO PARTICIPATE IN ALL FIELD TRIPS, INCLUDING ON-SITE FIELD TRIPS TO BFBC BUILDINGS AND GROUNDS, TRANSPORTATION AND WATER ACTIVITIES. I UNDERSTAND THAT ALL SAFETY MEASURES WILL BE TAKEN AND THAT NEITHER TEACHER, AIDES, NOR STAFF OF BRENHAM'S FIRST BAPTIST CHURCH CAN BE HELD RESPONSIBLE FOR ACCIDENTS, INJURIES OR DEATH.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PRINT NAME _____ RELATIONSHIP TO CHILD _____



STUDENTS NAME: _____

PARENT CONTRACT

PLEASE INITIAL EACH BOX AND SIGN BELOW.

	I AGREE TO PAY THE NON-REFUNDABLE \$100.00 ENROLLMENT FEE, DUE AT THE TIME I REGISTER MY CHILD, TO SECURE MY CHILD'S PLACE IN A CLASS.
	I AGREE TO PAY THE \$40.00 SCHOOL SUPPLY FEE THAT WILL BE USED FOR MY CHILD IN HIS/HER CLASS.
	I AGREE TO PAY THE MONTHLY TUITION BASED UPON THE AGE OF MY CHILD AND THE NUMBER OF DAYS MY CHILD IS ENROLLED. 15 MONTHS-24 MONTHS 15 MONTHS-24 MONTHS 24 MONTHS-5 YEARS 24 MONTHS-5 YEARS <input type="checkbox"/> 1 DAY <input type="checkbox"/> 2 DAYS <input type="checkbox"/> 1 DAY <input type="checkbox"/> 2 DAYS <input type="checkbox"/> \$145/MONTH <input type="checkbox"/> \$200/MONTH <input type="checkbox"/> \$140/MONTH <input type="checkbox"/> \$180/MONTH
	I UNDERSTAND THAT IF THE TUITION PAYMENT IS NOT RECEIVED BY BFBC MOTHER'S DAY OUT BY START OF THE SECOND WEEK OF EACH MONTH, A LATE FEE OF \$15.00 WILL BE BILLED TO MY ACCOUNT.
	I UNDERSTAND THAT IF MY CHILD HAS NOT BEEN PICKED UP FROM SCHOOL BY 2:40PM, I WILL BE CHARGED \$1.00 FOR EVERY MINUTE THAT IS OVER 2:41PM, WITH A MAXIMUM LATE FEE CHARGE OF \$15.00.
	I UNDERSTAND THAT MY CHILD CAN BE DROPPED OFF NO EARLIER THAN 8:30AM AND PICKED UP NO LATER THAN 2:40 PM.
	I UNDERSTAND THAT I MUST PAY A \$25.00 FEE SHOULD BRENHAM'S FIRST BAPTIST CHURCH RECEIVE MY CHECK BACK DUE TO INSUFFICIENT FUNDS.
	I UNDERSTAND THAT 2 WEEK ADVANCE WRITTEN NOTICE MUST BE GIVEN IF I DECIDE TO DISCONTINUE BFBC MOTHER'S DAY OUT. WITHOUT PROPER NOTICE, I AGREE TO PAY ONE MONTH'S TUITION.
	I UNDERSTAND THAT IF I DECIDE TO TAKE MY CHILD OUT FOR AN EXTENDED TIME (EX: MONTH OFF), I WILL STILL HAVE TO PAY FOR THAT MONTH MY CHILD IS NOT AT SCHOOL.
	I UNDERSTAND THAT THERE ARE NO MAKE-UP DAYS FOR DAYS MISSED OR CANCELLED.
	I HAVE RECEIVED AND READ THE BFBC MOTHER'S DAY OUT PARENT HANDBOOK CONTAINING THE WRITTEN OPERATIONAL POLICIES OF THE PROGRAM INCLUDING POLICIES FOR ILLNESSES AND DISCIPLINE/GUIDANCE.
	I WILL PROVIDE MY CHILD A BACKPACK/BAG TO BRING EVERY DAY. THIS MUST BE LARGE ENOUGH TO HOLD A FOLDER AND AN EXTRA SET OF CLOTHES— YOUR CHILD WILL NEED TO HAVE AN EXTRA SET OF "SEASON APPROPRIATE" CLOTHES, LABELED WITH HIS/HER NAME INSIDE THE BACKPACK. THE CLOTHES NEED TO BE REPLACED WHEN USED. THIS SHOULD INCLUDE SHIRT, SHORTS OR PANTS, UNDERWEAR, AND SOCKS. I WILL ALSO PROVIDE A NAP MAT & BLANKET FOR REST TIME. IF MY CHILD WEARS DIAPERS, I WILL PROVIDE EXTRA DIAPERS AND WIPES FOR HIM/HER TO BE LEFT IN THEIR CLASSROOM.
	I GIVE BFBC MOTHER'S DAY OUT PERMISSION TO TAKE PHOTOGRAPHS OF MY CHILD FOR SPECIAL OCCASIONS SUCH AS BIRTHDAYS AND HOLIDAYS &/OR FOR ARTS AND CRAFT PROJECTS. I ALSO GIVE BFBC MDO PERMISSION TO USE MY CHILD'S PICTURES IN CHURCH BROCHURES, CHURCH NEWSLETTERS, CHURCH WEBSITE & MDO'S FACEBOOK PAGE. <i>NOTE: I UNDERSTAND THE PHOTOGRAPHS WILL ONLY BE USED FOR SCHOOL RELATED ACTIVITIES AND WILL NOT BE GIVEN TO ANYONE OTHER THAN MYSELF OR OTHER CHILDREN ENROLLED IN BFBC MOTHER'S DAY OUT. NAMES OF CHILDREN WILL NEVER BE USED IN ANY OF THESE FORMATS LISTED ABOVE.</i>

BY SIGNING BELOW, I AGREE THAT I HAVE READ AND ANSWERED ALL OF THE ABOVE STATEMENTS.

SIGNATURE— PARENT OR LEGAL GUARDIAN

DATE

HOW DID YOU HEAR ABOUT US?

ATTEND BRENHAM'S FIRST BAPTIST CHURCH

INTERNET SEARCH

PAST MDO FAMILY

FRIEND, WHO CAN WE THANK: _____

DRIVE/BY

OTHER

Thank you for your cooperation and for making Brenham's First Baptist Church Mother's Day Out a great success!!

BREHAM'S FIRST BAPTIST MOTHER'S DAY OUT
GETTING ACQUAINTED WITH YOUR CHILD
(A COPY WILL BE GIVEN TO YOUR CHILD'S TEACHER)

CHILD'S NAME _____ NICKNAME _____

BIRTHDATE _____ CHURCH AFFILIATION _____

MOTHER'S NAME _____ OCCUPATION _____

FATHER'S NAME _____ OCCUPATION _____

DOES YOUR CHILD USE A PACIFIER, BLANKET, ETC. DURING NAPTIME? _____

DOES IT HAVE A NAME? _____

CHILD'S FAVORITE PLAYTHINGS? _____

CHILD'S PETS & NAMES _____

DOES YOUR CHILD PLAY WELL WITH PEERS? _____ FOLLOWS DIRECTIONS? _____

DOES YOUR CHILD HAVE TEMPER TANTRUMS? _____

HOW DOES HE/SHE REACT TO DISCIPLINE AT HOME? _____

TEND TO BE SUBMISSIVE? _____ AGGRESSIVE? _____

ANY SPECIAL FEARS? _____

NAME AND AGES OF OTHER CHILDREN IN THE FAMILY:

NAME _____ AGE _____ NAME _____ AGE _____

NAME _____ AGE _____ NAME _____ AGE _____

OTHER FAMILY MEMBERS/GRANDPARENTS/CHILD CARE GIVERS THAT LIVE IN THE HOME OR YOUR CHILD IS VERY CLOSE TO:

NAME THE CHILD CALLS THEM _____ RELATION _____

NAME THE CHILD CALLS THEM _____ RELATION _____

NAME THE CHILD CALLS THEM _____ RELATION _____

NAME THE CHILD CALLS THEM _____ RELATION _____

HAS THERE BEEN A RECENT BIRTH, DEATH OR OTHER CHANGE IN THE FAMILY? _____

DOES YOUR CHILD NAP? _____ IF YES, AT WHAT TIME _____ FOR HOW LONG _____

DOES YOUR CHILD HAVE ANY ALLERGIES? _____ IF YES, TO WHAT? _____

WHAT HAPPENS IF THEY HAVE AN ALLERGIC REACTION AND WHAT NEEDS TO BE DONE?

WHAT WORDS DOES YOUR CHILD USE FOR TOILETING? _____

ANY OTHER INFO YOU FEEL MIGHT BE HELPFUL IN GETTING TO KNOW YOUR CHILD BETTER?
