

OGBCMDO FAMILY ENROLLMENT FORM

4440 Oak Grove Road W, Hernando, MS 38632

Date of Enrollment: _____

Name of Child: _____ Birth date: __/__/__ Sex: M__ F__

Full name of Parent 1: _____

Parent 1 Address: _____

Parent 1 E-mail: _____

Work Phone: _____ Cell Phone: _____

Place of work: _____ DL# _____

Full name of Parent 2: _____

Parent 2 Address: _____

Parent 2 E-mail: _____

Work Phone: _____ Cell Phone: _____

Place of work: _____ DL# _____

Person(s) to contact in case of emergency/Authorized to pick up child:

Name: _____ Name: _____

Relationship to child: _____ Relationship to child: _____

Cell Phone: _____ CellPhone: _____

Work Phone: _____ Work Phone: _____

DL# _____ DL# _____

Names of other children in family:

Name: _____ Birth date: __/__/__

Name: _____ Birth date: __/__/__

Name: _____ Birth date: __/__/__

Names of Family Pets

Name: _____ Type of Animal: _____

Name: _____ Type of Animal: _____

Has your child had previous experience away from home? Yes () No () If yes explain:

Are your Child's immunizations up to date? Yes () No ()

If no please explain: _____

Note: attach a copy of immunization record

CHURCH AFFILIATION

Do you have a church home? Yes / No

If so, name of church _____

CHILD'S HEALTH HISTORY

Does your child have any known allergies? Yes () No () if yes, what are they and what are your child's reactions: _____

Please comment on any other medical information/ or special need the child care provider should be aware of: _____

*Only EpiPens or Inhalers will be administered in lifesaving emergency situations as long as a guardian has given written consent.

I authorize the child care provider/staff to obtain the following services for this child if necessary: Ambulance in the event of an emergency. (Ambulance fees and/or health care costs are the responsibility of the parent/guardian)

Financial Agreement

You must include a \$75 non-refundable registration fee in order for this form to be considered. This fee covers registration for the fall/spring session only. Tuition is \$200 a month for 10 months, August 2024- May 2025, for a total of \$2,000 for the year. \$200 Due on the 1st but must be paid by or on the 7th of each month before being considered late, then a \$ 25 late fee per child will be added to the next month's tuition. Any returned check will result in a \$30 fee. OGBCMDO operates Tuesdays and Thursdays 8:30 am -2:30 pm. Please pick your child/children up at 2:30pm promptly, however a late fee will be charged at \$ 25 after 15 minute grace window.

(Signature of parent/guardian) (Signature of parent/guardian)

(Date) (Signature of Childcare Provider)

