

Mother's Day Out Preschool Registration Form

Lake Ridge Baptist Church • 12450 Clipper Drive, Woodbridge, VA 22192 • 703-494-0373

CHILD'S INFORMATION

Name _____ Nickname _____

Birthday _____ Gender ☐ M ☐ F Primary Language Spoken at Home: _____

Address _____
Street City Zip

PARENT/GUARDIAN INFORMATION

Father's Name: _____ Place of Employment: _____

Address _____
Street City Zip

Home Phone: _____ Work: _____ Cell : _____

Mother's Name: _____ Place of Employment: _____

☐ Check here if Mother's Home address and Home Phone is same as Father's

Address _____
Street City Zip

Home Phone: _____ Work: _____ Cell: _____

Name of Person(s) of Agency Having Legal Custody of Child: _____

Address _____
Street City Zip

Home Phone: _____ Work: _____ Cell: _____

MEDICAL & DEVELOPMENTAL INFORMATION

Does the child have an indication of:

Allergies: ☐ Yes ☐ No List: _____

Asthma: ☐ Yes ☐ No Triggers: _____

Dietary Restrictions: ☐ Yes ☐ No List: _____

Diabetes: ☐ Yes ☐ No

Seizures/Epilepsy: ☐ Yes ☐ No

Sensory Issues: ☐ Yes ☐ No List: _____

Speech Delay: ☐ Yes ☐ No

Social Delay: ☐ Yes ☐ No List: _____

Neurodivergent: ☐ Yes ☐ No List: _____

IEP ☐ Yes ☐ No *if yes please attach a copy*

Verbal ☐ Yes ☐ No *if no how do they communicate:* _____

Other: ☐ Yes ☐ No List: _____

Does Child have a resource teacher or specialist? ☐ Yes ☐ No If yes, please include name & agency:

Do you have any concerns about your child's development or behavioral progress?

EMERGENCY INFORMATION

Name of Child's Physician: _____ Physician's Phone Number: _____

Person(s) to Contact if Parents Cannot Be Reached: *(please use legal name as we will check this person's ID)*

Name: _____ Relationship to Child: _____ Phone #: _____

Name: _____ Relationship to Child: _____ Phone #: _____

Name: _____ Relationship to Child: _____ Phone #: _____

Person(s) Authorized to Pick Up Child:

Person(s) NOT Authorized to Pick Up Child:

Person(s) NOT Authorized to Visit or Pick Up Child:

PRESCHOOL & SOCIAL INFORMATION

Does your child attend Sunday School? ☐ Yes ☐ No If so, where? _____

Is your family affiliated with a church in this community? ☐ Yes ☐ No Where? _____

How did you learn of our program? _____

Do you now or have you ever had any other children enrolled in our program? ☐ Yes ☐ No

If so, Name(s) and age(s) _____

The information I have provided above is true and correct to the best of my knowledge. Should any information change, I will notify the school (in writing) immediately.

Print Name

Date

Signature

Agreements

1. MDO Preschool agrees to notify the parent/guardian whenever this child becomes ill, and the parent/guardian agrees to pick the child up thereafter as soon as possible. ☐ Yes ☐ No
2. The parent/guardian authorizes the childcare center to obtain immediate medical care, if any emergency occurs when he/she cannot be immediately located ☐ Yes ☐ No
3. Other: _____

Signatures:

Parent or Guardian: _____ Date: _____

Administrator of Child Care Center: _____ Date: _____

Date of registration _____ Date of Enrollment Termination: _____

LRBConnect is an online communication tool used by MDO Preschool for school wide notifications, such as school closings. It is also an online community for the groups at Lake Ridge Baptist Church. It allows us ways to connect for information and updates by texting, emailing, etc. It is strictly optional to sign up but if you choose to we need the following information:

Child's Name _____

Parent's Name _____

Cell phone# _____

Phone Carrier _____

Email address _____

You will receive a link by email to sign up.

MDO posts pictures of events on the church Facebook page. If you prefer that your child not be included in these posts please sign that you "OPT OUT" and we will not post pictures that would include your child. Please know that we do not put names of children in any posts.

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I, _____, parent/guardian of _____ choose to OPT OUT of having my child's picture in any Lake Ridge Baptist Church Facebook post.

Parent or Guardian: _____ Date: _____

FOR OFFICE USE ONLY

Registration Fee \$80.00 _____ Date _____

Activity Fee \$60 2 1/2, 3's, O3/Y4's _____

Activity Fee \$85 4's & Y5's _____