

MDO Enrollment Application

Admission Date: ___/___/___

Discharge Date: ___/___/___

Parent's names : _____ & _____

Phone: _____

Email Address: _____

Address: _____

Cell-Phone: _____

City: _____ County: _____

Zip Code: _____

Child:

Name: _____ Age _____ DOB ___/___/___ Sex []M []F

Is child up to date on shots? Yes No Date of last checkup: _____

Is child on any type of medication? Yes No

If yes, what? _____

Person responsible for paying for childcare: _____

Person responsible for picking up child/ren: _____

Please choose one :

- 2 day/week enrollment: (speak with director about available days)
\$50/week
- 4 day/week enrollment (Tuesday through Friday)
\$67.50/Week

I agree to promptly notify Reesa of any changes of the above information.

This form is legally binding, so by signing it, you agree that all of the information provided herein is correct. Providing false information could result in termination of childcare services, forfeiture of childcare retainer, or both.

My Registration Fee for the _____ enrollment period is being paid by cash/Check #_____. This is a one time enrollment fee.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
Provider/ MDO Director Signature	Date