

Mothers Day Out

*St. Michael the Archangel
950 Trails Parkway, Garland TX 75043
(972) 279-6581*

*Mother's Day Out is back at St. Michaels and has openings for Pre-school
Ages: 6 mos.- 5 yrs.*

*Our Mother's Day Out is a Positive Structured Program, based on Family Values, and
designed to meet your little ones need for Learning,
Interaction and Fun!*

*M.D.O. is Tuesdays and Thursdays Hours: 9:30a.m. -
2:30p.m.*

Daily Tuition is:

*\$ 25.00 for infants/toddlers (6mos ~24mos) \$20.00 for 2yrs – 5 yrs old
(Paid Monthly)*

M.D.O. Pre-Kprogram offers your child the best learning experience, providing:

- Educational theme based curriculum*
- Classroom Setting and Interaction w/other children*
- Safe and Positive Christian Environment*
- ABC's and 123's*
- Arts and Crafts, Music, Games and much more!*

*All you need to sign-up is your child's Information, your Registration and Supply Fee
(Registration fee is \$40.00 and the supply fee per semester\$25.00)*

It's not to late to Come and Join the Fun!!!!!!

*For more information please contact Marie Cervantes At (972) 279-6581
or stop by our office.*

*Saint Michael the Archangel Catholic Church, Garland, TX
Registration form for Mothers Day Out*

*INFANTS (6 mos. - 24mos.)
Tuition Fees
\$25.00 per day*

(Paid Monthly)

**2YRS OLD - 5 YRS OLD
Tuition Fees**

**\$20.00 per day
(Paid Monthly)**

Registration fee«\$40.00 / Supply Fee \$25.00 (Due at time of Registration and in January)

<i>Child's Name:</i>	<i>Gender:</i>	
<i>Date of Birth:</i>	<i>Age as of Sept. 1st:</i>	<i>Nickname</i>
<i>Child's Name:</i>	<i>Gender:</i>	
<i>Date of Birth:</i>	<i>Age as of Sept. 1st:</i>	<i>Nickname</i>
<i>Child's Name:</i>	<i>Gender</i>	
<i>Date of Birth:</i>	<i>Age as of Sept 1st:</i>	<i>Nickname</i>

Was your child involved in any education program last year? yes _ no

If yes, but) not at St Michael's, please give location _____

Father's Name: (Last) (First) Drivers License :

Employer: Best Phone Number:

Mother's Name: (Last) " (First) Drivers License:

Best Phone Number:

Child's Address:

Child lives with: Q Both Parents D

Mother Father Other Parent's

e-mail:

(This is very important for parental contact information)

IMMUNIZATION RECORD: A copy the child's immunization records must be given to M.D.O. Coordinator within one month of enrolling a child in M.D.O.. Appropriate immunizations, as set by the Texas Department of Health, are required for enrollment.

Name of Child's Physician: _____ Phone _____

Physicians full Address _____ v _____

Are you a registered member of St. Michael the Archangel Catholic Church? YES NO

CONFIDENTIAL INFORMATION

Does your child have any special needs due to a learning disability, physical disability, reading difficulty, hearing impairment, emotional problem, or any other reason? If so please identify: Name of Child: _____

Special Need: _____

Describe any allergy, chronic illness or other condition, or any medication he/she is taking that you feel we should be aware of:

My child has no special needs.

In case of emergency, please contact:

_____ Ph
one:

YES NO I hereby grant permission for my child to be photographed and/or videotaped during M.D.O. Program and events. I understand that my child may decline to be photographed and/or videotaped at any time. I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or broadcast for the purpose of promoting our M.D.O. program at Saint Michael the Archangel Catholic Community.

Name (Please Print): _____

Signature: _____ Date: _____

I hereby authorize my child/children to attend M.D.O. Program to be held at Saint Michael the Archangel Catholic Church in Garland, Texas, during the 2009-2010 school term. I understand all reasonable precautions will be taken to keep my child/children safe. I will not hold the Diocese of Dallas, Saint Michael the Archangel Catholic Church of Garland,

Texas, members of the staff, teachers and assistants responsible for accidental harm or injury that may occur in the course of any classes.

Parent Signature: _____ *Date:* _____

Name Printed:

*I am interested in becoming a volunteer for: D Faith Formation Q THE'EDGE' D Life-Teen
Q Other*