



Crossroads Church Mom's Day Out

10777 County Road 138/Bay Minette, AL 36507

251-510-4674- Director, Leigh Byrd

www.mycrcog.org

Child's Registration Form

This is to be completed by the child's parent or guardian.

Child's Name:	Nickname:
Child's Date of Birth:	Child's Address:
Parent/Guardian Name:	Address (if different)
Parent/Guardian Name:	Address (if different)
Emergency Contact Name:	Emergency Contact Phone Number/Relationship
Emergency Contact Name:	Emergency Contact Phone Number/Relationship

Healthcare information

Name of Child's doctor:	Address:	Phone Number:
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Parent's or Guardian's Emergency Authorization Release Agreement

I hereby give permission to CRC Mom's Day Out to obtain emergency medical treatment. I agree to the release of any records necessary for treatment, referrals, billing or insurance purposes. I give permission to the childcare facility to arrange necessary related transportation for my child. In the event I can not be reached in an emergency, I hereby give permission to the physician selected by the childcare facility to secure and administer treatment, including hospitalization, and syrup of Ipecac in accordance with instructions from the poison control for the person named above. "ALL" children must provide proof of insurance for any injury or sickness while attending the CRC Moms Day Out. This completed form may be photocopied as needed.

Signature of Parent or Guardian

Printed Name of Parent or Guardian

Date Signed

Parent's or Guardian's Waiver of Liability

I understand that my child is participating in the CRC Mom's Day Out by choice. I also understand that the person/persons conducting this facility are not responsible for any injury that may occur to my child during childcare hours or that may occur at a later date. I FULLY understand that I am TOTALLY responsible for any injury that may occur and not hold CRC Mom's Day Out, Crossroads Church, it's Staff, or anyone else responsible. Any personal belongings that my child brings with him is at his risk and is not the responsibility of CRC Mom's Day Out.

Signature of Parent or Guardian

Printed Name of Parent or Guardian

Date Signed

Please list any special instructions for child, pick up/guardianship, allergies or needs:

Person(s) my child may be released to (apart from child's guardians):

Name:	Relationship to child:	Address:	Phone Number:

Please mark which tuition option your child will be attending with:

**We will offer 10% discount for sibling(s)*

Hours: M-W/9 AM- 2PM

Fall Program Fees:

Fall Program runs from August 14, 2023-December 13, 2023

Spring Program runs from January 22, 2024-May 22, 2024

MDO runs with the school calendar. Any dates BCBE is closed, MDO is also closed.

- 2 Day Program: (M/W Only)**
\$200/month
\$200 Registration Fee (Non-refundable)
\$125 Activity Fee (Non-refundable)

- 3 Day Program: (M/T/W Only)**
\$215/month
\$215 Registration Fee (Non-refundable)
\$125 Activity Fee (Non-refundable)

Late Pick-Up Fee:

There is a late fee of \$20 that is applied every 5 minutes after 2:00pm. This fee will be applied to your monthly tuition if your child is picked up later than 2:05pm.

I understand that I am responsible for any late pick-up fees applied to my monthly/weekly tuition.

I understand I am responsible in full payment for the days I apply for, even if my child is absent or it is a Federal or School Holiday. (Please initial) _____

