



DATE RECEIVED _____

Ingleside United Methodist Church

4264 Capital Heights Avenue • Baton Rouge, LA 70806

Mother's Day Out Summer Registration 2020

OFFICE USE ONLY: Registration fee \$80 (non-refundable) Received Date _____

IMMUNIZATION RECORD RECEIVED DATE _____

PARENT'S PLEASE COMPLETE:

PLEASE PRINT

Circle one: Nursery Toddler 2's 3's 4's **Registration fee \$80.00** _____ **non-refundable**

Child's Name _____ Sex: Male/Female

Date of Birth _____ Age June 1, 2020 _____

Mother and Father _____ Home Phone _____

Mother's Cell/work _____ Father's Cell/work _____

Mother's email _____

Father's email _____

Home address _____

Mother's employment _____

Father's employment _____

Siblings and age _____

Allergies _____

EMERGENCY CONTACT

Name/Relationship _____ Phone _____

Name/Relationship _____ Phone _____

Doctor _____ Phone _____

Tuesday Wednesday Thursday

3 days Tuition \$280 per month

In case of emergency, I give Ingleside permission to take my child to the Emergency Room at Our Lady Of the Lake Regional Medical Center and

I accept the charges incurred? YES NO

inglesidemdo@gmail.com 225-344-7400