

# **LAWRENCE DRIVE BAPTIST CHURCH MOTHER'S MORNING OUT GUIDELINES**

**Mother's Morning Out (MMO)** is a ministry of Lawrence Drive Baptist Church. These policies and guidelines have been set by the Church to insure the quality of the program and the safety and well-being of all children and adults who use our Church nursery.

## **Fall 2009 Information and Application:**

### **POLICIES**

1. MMO begins at 18 months to 2 years old.
2. Cost for Mother's Morning Out is \$55.00 per month for one day a week, \$75.00 per month for two days a week and \$150 per month for 4 days a week. This amount is set whether there are five weeks per month or only three weeks per month. There is a one-time, nonrefundable yearly application fee of \$25.00. This covers all juices, cookies, snacks, wipes, craft supplies, etc.
3. Depending upon weekly vacancies, drop-ins may be permitted. The fee for drop-ins is \$25.00 per session.
4. Hours are from 8:45 AM - 12:15 PM. Please be prompt in picking up your child. A late fee will be due at the time of pick-up of \$1.00 per minute after 12:10PM.
5. We will begin Mother's Morning Out on \_\_\_\_\_. We will not meet the week of Thanksgiving, while public school children are out on Christmas vacation or the week of spring break. Our last session will be the Tuesday prior to Memorial Day. A calendar will be mailed to you upon receipt of your registration form and application fee.
6. Notify the paid worker, in writing, if someone other than you will be picking up your child.
7. DO NOT bring a child who has had a fever, diarrhea or vomiting within the last 24 hours.
8. Each child will be given a snack and juice.
9. Craft and art projects will be completed with the children, depending upon their ability.

### **PROCEDURES**

1. Weather permitting, we may take the children outside to the toddler playground.
2. Please bring diapers, wipes, marked cups and a change of clothes in a marked bag for your child/children. Also, bring sunscreen in your child's bag, for the days the children are taken outside to the playground.
3. Be sure MMO has a currently correct, signed emergency medical release. These will be kept on file in the nursery.
4. A current Immunization Record needs to be on file for each child registered.
5. Sign in on the Sign-Up sheet provided each day when you bring your child, verifying an emergency number for that day should someone need to be contacted.
6. Please do not bring toys from home except for security toys/blankets if needed.

## CHILD INFORMATION SHEET FOR MMO PROGRAM

Mother's Morning Out  
Lawrence Drive Baptist Church  
Macon, Georgia

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent's Name \_\_\_\_\_

Sisters/Brothers \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Authorized to pick up child:

\_\_\_\_\_  
\_\_\_\_\_

Special Needs \_\_\_\_\_

Food/Other Allergies \_\_\_\_\_

**Cost for MMO is \$55.00 per month for one day a week, \$75.00 per month for two days a week and \$150.00 per month for four days a week. This amount is set whether there are five weeks per month or only three weeks per month. There is a one-time non-refundable yearly application fee of \$25.00. Depending upon weekly vacancies, drop-ins may be permitted at \$30.00 per session.**

### Check One:

\_\_\_\_\_ Monday/ Wednesday class

\_\_\_\_\_ Tuesday/ Thursday class

\_\_\_\_\_ Monday– Thursday class

# MEDICAL CARE INFORMATION AND MEDICAL RELEASE FORM

Mother's Morning Out  
Lawrence Drive Baptist Church  
Macon, Georgia

PLEASE PRINT CLEARLY ALL INFORMATION EXCEPT FOR SIGNATURE

Name of Child \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Names of Applicable Parent/s \_\_\_\_\_

Mother \_\_\_\_\_

Phone where mother can be reached in an emergency \_\_\_\_\_

Father \_\_\_\_\_

Phone where father can be reached in an emergency \_\_\_\_\_

Others to contact in case parent/s cannot be reached:

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

PHYSICIAN TO CALL IF MEDICAL CARE IS NEEDED:

Name \_\_\_\_\_ Phone \_\_\_\_\_

In the event emergency medical care is needed while my child/ren is participating in the Lawrence Drive Mother's Morning Out Program, and before parent/s or the other responsible person listed above can be reached, I authorize someone on the paid staff of Lawrence Drive Baptist Church or Mother's Morning Out Program, working in conjunction with a hospital and/or physician, to authorize medical treatment for my child/ren listed above.

PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE SIGNED \_\_\_\_\_