

Mom's Morning Out Nursery School
Fonda Reformed Church
19-21 Broadway, P.O. Box 536, Fonda, NY 12068
Student Information for 2024-25

Student's Name: _____ Date of Birth: ____/____/____ Age: _____

Student's Address: _____

Allergies/Medical Alerts: _____

Are there food/drinks that your child should avoid? _____

Please share any other pertinent information about your child here: _____

Names and ages of siblings: _____

*Parent 1 Name: _____ Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer's Name & Address: _____

*Parent 2 Name: _____ Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer's Name & Address: _____

*Or Guardian's Name: _____ Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer's Name & Address: _____

Please list all persons, their relationship and phone numbers whom **you give permission to bring to or pick up your child** from Mom's Morning Out.

(Name)	(Relationship)	(Home Phone)	(Cell Phone)
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Signature of Person completing this application: _____

Date: _____

(Office Use Only)

Received : \$ _____ Cash or \$ _____ by Check # _____ on ____/____/____ from: _____
Said amount is a deposit towards the September, 2024 tuition for the Mom's Morning Out Nursery School Program and is **non-refundable once the student has been enrolled.**
Deposited: ____/____/____ by: _____ M.M.O. Teacher. Acceptance letter mailed on ____/____/____.