



Mother's Day Out Registration Form

VERDURE KidZone is offering Mother's Day Out Program.

Monday/Wednesday/Friday from 11am-3pm

Ages: 3 months to 5 years old

There will be a \$25 supply fee each semester

Member Pricing: \$60 per week for the first child, \$50 per week for each additional child

Member Pricing: \$240 per month for the first child, \$200 per month for each additional child

Non-Member Pricing: \$70 per week for the first child, \$60 per week for each additional child

Non-Member Pricing: \$280 per month for the first child, \$240 per month for each additional child

**(Child must be an active member on the account for member pricing)

KidZone staff will provide snacks, we ask that parents pack a lunch. Please also provide diapers and wipes, extra change of clothes, pre-made bottles, and a nap mat if your child would like to take a nap during their time at MDO.

****We are a peanut free zone**

Parent Name: _____ Phone Number: _____

Address: _____

E-Mail Address: _____

Alternate Contact: _____ Phone Number: _____

Child's Name	Allergies/Medications	Date of Birth	Age

The following information is important for the safety and protection of your child. Please read this information.

- I understand that it is my responsibility to sign my child in the morning and sign my child out before leaving in the afternoon. Sign-in/Sign-out sheets are available as you arrive at the program area.
- I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must be listed on this form. Authorization by telephone will not be accepted.
- I authorize VERDURE staff/personal to administer or seek medical services as appropriate in the event of injury or illness.

Other adults allowed to pick up child:

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Please complete payment authorization:

I authorize VERDURE to charge my credit card for payments. I understand that I must provide written notice of cancellation 1 week prior to the start of program to receive a full refund of program. If you cancel less than 1 week prior to the program, we cannot provide you with a refund. If you need to cancel for medical reasons, we will give a refund when we are provided with a doctor's note. If a child cannot attend a camp that they are enrolled for, they may transfer to another week or month (if that program is not already filled).

Paying for week or month: _____ Total owed: _____

Card Type: VISA MC AMEX DISCOVER

Credit Card Number: _____ Exp. Date: _____ Sec. Code: _____

Name on Card: _____

Billing Address: _____ Billing Zip code: _____

I assume any and all risks related to the use of the facilities and /or programs. I agree to hold this facility, its shareholders, directors, officers, employees, representatives, and agents harmless from any and all loss, claim, injury, damager, or liability sustained or incurred.

Parent/Guardian Signature

Date