

2024-2025 ENROLLMENT FORM

CHILD'S INFORMATION

Child's Full Name: _____ Name Child Goes By: _____

Address: _____ City: _____ Zip: _____

Female: _____ Male: _____ Date of Birth: _____ Home Phone: _____

Age on 9/1/2024: _____ Allergies: _____

PARENT INFORMATION

Mom's Name: _____

Dad's Name: _____

Mom's Cell: _____

Dad's Cell: _____

Mom's Address: _____

Dad's Address: _____

Email Address: _____

Email Address: _____

Place of Employment: _____

Place of Employment: _____

Work Phone: _____

Work Phone: _____

SIBLINGS

Name: _____ Age: _____ Female: _____ Male: _____

Name: _____ Age: _____ Female: _____ Male: _____

INFORMATION/DISABILITIES

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the last 12 months, any medications prescribed for long-term continuous use and any other information which caregiver should be aware of: _____

AUTHORIZED GUARDIANS FOR RELEASE

I hereby authorize Freedom Church MDO/Pre-K to allow my child to leave the facility **ONLY** with the following persons (other than parents). Children will only be released to a guardian designated by the parent after verification of ID.

Signature: _____

Name: _____ Relationship: _____ Address: _____

Name: _____ Relationship: _____ Address: _____

DAYS ATTENDING

Date of Admission: _____

Date of Withdrawal: _____

MON TUES WED THUR FRI

PLEASE CHECK IN THE BOX IF YOU GIVE PERMISSION FOR THE FOLLOWING:

- I give permission to Freedom Church to use my child's pictures for various school projects such as memory books, crafts, bulletin board collages, etc.
- I give permission to Freedom Church to give my child's name, address, phone number, and parents' names and email addresses to other families enrolled in the MDO program.
- I give permission to Freedom Church to use my child's picture on the church website, MDO website, and/or the MDO Facebook Page and MDO Instagram. No names will ever be listed with a child's picture.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

IMMUNIZATION RECORD

Your child must have one of the following on file with us prior to admission.

- I have provided Freedom Church with a copy of my child's most current immunizations.
- I have provided Freedom Church with a copy of my child's exemption form, if not immunizing.

ADMISSION REQUIREMENT

Your child must have one of the following on file with us prior to admission.

Please check only one option:

I. HEALTH-CARE PROFESSIONAL'S STATEMENT

- I have examined _____ within the past year and find that he/she is able to take part in the program.

HEALTH-CARE PROFESSIONAL'S SIGNATURE: _____ DATE: _____

- A signed and dated copy of a health care professional's statement is attached.

2. MEDICAL DIAGNOSIS AND TREATMENT CONFLICT WITH THE TENET AND PRACTICES OF A RECOGNIZED ORGANIZATION WHICH I ADHERE TO OR AM A MEMBER.

- Attached is a signed and dated affidavit stating this.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

VISION (Age 4 & Up) R 20/ _____ L 20/ _____ Pass _____ Fail _____

HEALTH-CARE PROFESSIONAL'S SIGNATURE: _____ Date: _____

HEARING (Age 4 & Up) 1000Hz 2000Hz 4000Hz
R - _____ Pass _____
L - _____ Fail _____

HEALTH-CARE PROFESSIONAL'S SIGNATURE: _____ Date: _____

CHILDREN WILL NOT BE ADMITTED TO FREEDOM CHURCH MDO WITHOUT COMPLETE ENROLLMENT INFORMATION, INCLUDING ALL HEALTH INFORMATION AND DOCTOR'S SIGNATURES REQUIRED ABOVE.

EMERGENCY CONTACTS 2024-2025

The following people are authorized for my child _____ to be released to or called in the event of an emergency when parents cannot be reached.

CONTACT 1

Name: _____ Phone Number #1: _____

Relationship: _____ Phone Number #2: _____

Address: _____
Street City State Zip

CONTACT 2

Name: _____ Phone Number #1: _____

Relationship: _____ Phone Number #2: _____

Address: _____
Street City State Zip

CONTACT 3

Name: _____ Phone Number #1: _____

Relationship: _____ Phone Number #2: _____

Address: _____
Street City State Zip

MEDICAL RELEASE STATEMENT

In the event of an emergency, I give consent to any licensed physician to examine, treat, and perform any essential, emergency, and/or surgical procedures, determined to be necessary on my child. I also give my consent to Freedom Church, Carrollton, TX to allow my child to participate in classroom and outdoor activities. I release Freedom Church from legal or financial responsibility, which might result from accidental harm or injury to my child while under the care and supervision of Freedom Church Mother's Day Out staff.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Listed below is additional information about my child and their physician:

Name of Physician: _____ Phone Number: _____

Address: _____

Name of Hospital: _____ Phone Number: _____

Comments: _____

Allergies*: _____

***ALL FOOD ALLERGIES REQUIRE A FOOD ALLERGY TREATMENT PLAN WITH DOCTOR'S SIGNATURE PRIOR TO ADMISSION.**

FACILITY NAME: FREEDOM CHURCH MDO/PRE-K

DIRECTOR: DEBBIE ADAMS-DORNAN

DATE RECEIVED: _____ DATE OF ADMISSION: _____ DATE OF WITHDRAWAL: _____

2024-2025 FREEDOM CHURCH MDO/PRE-K ENROLLMENT

*** PRICING MAY CHANGE DUE TO ECONOMIC FACTORS***


INFANTS/ONES	Monday - Friday 9:00AM-2:30PM	REGISTRATION FEE:	MONTHLY TUITION
		\$150.00	1 Day: \$215
		Supply Fee:	2 Days: \$315
		August \$75	3 Days: \$415
		January \$75	4 Days: \$515
		Non-Refundable	

TWO YEAR OLDS	Monday - Friday 9:00AM-2:30PM	REGISTRATION FEE:	MONTHLY TUITION
		\$150.00	1 Day: \$200
		Supply Fee Aug & Jan:	2 Days: \$300
		1-2 Days: \$75	3 Days: \$400
		3 Days: \$105	4 Days: \$500
		4-5 Days: \$135	
		Non-Refundable	

PRESCHOOL 3'S	Monday - Friday 9:00AM-2:30PM	REGISTRATION FEE:	MONTHLY TUITION
		\$150.00	1 Day: \$200
3 years old by September 1st.		Supply Fee Aug & Jan:	2 Days: \$300
		1-2 Days: \$75	3 Days: \$400
Must be potty-trained.		3 Days: \$105	4 Days: \$500
		4-5 Days: \$135	
		Non-Refundable	

PRE-K 4/5'S	Monday - Friday 9:00AM-2:30PM	REGISTRATION FEE:	MONTHLY TUITION
		\$150.00	1 Day: \$200
4 years old by September 1st.		Supply Fee Aug & Jan:	2 Days: \$300
		1-2 Days: \$75	3 Days: \$400
		3 Days: \$105	4 Days: \$500
		4-5 Days: \$135	
		Non-Refundable	

DIRECTOR: DEBBIE ADAMS-DORNAN

 (972) 306-8190

 MDO@FINDFREEDOM.CHURCH

EXTENDED FEES

EARLY CARE

Monday - Friday

8:30AM-9:00AM

\$5.00 Daily

AFTERNOON EXTENDED CARE

Monday - Thursday

2:30PM-4:30PM

\$15.00 Daily Per Child

FRIDAY PLAY DAY

Friday

9:00AM-2:30PM

\$40.00 Per Day

ENROLLMENT INFORMATION/PAYMENT PROCEDURES

REGISTRATION FEES:

Due once a school year. Registration fees are **Non-Refundable**. If registering after the start of the program and before March 1, 2025, a full registration fee is still required. If registering after March 1, 2025, the registration fee will be \$100.00.

TUITION:

The monthly tuition is due the first day of the month and is late after the 5th. A **late charge** in the amount of **\$25.00** will be assessed for payments received after the 5th of the month. If your child enrolls after a month begins, the tuition will be prorated for that month only.

Monthly tuition remains the same every month and is not discounted for holidays/MDO closures.

NO CREDIT will be issued or substitution allowed in the event that your child is absent.

A TWO WEEK written notice is required if you find it necessary to remove your child from the program, and you are responsible for the tuition through the end of the two week notice.

LATE PICK-UP:

Any child that is **picked up after 2:35PM** will be charged a late fee that will be added to your statement. Fees are \$1.00 per child for every minute after 2:35PM. Fee will not exceed \$15 (Extended care rate). If staying for extended care, a late fee of \$1.00 per minute per child will be charged for children **picked up after 4:30PM**.

PAYMENT METHODS:

For your convenience, you may pay through your online PARENT PORTAL or in person with exact cash or check.

***** PRICING MAY CHANGE DUE TO ECONOMIC FACTORS*****

FINANCIAL CONTRACT 2024-2025

I, _____ (Parent), hereby contract with Freedom Church Mother's Day Out to enroll my child, _____ for the school year 2024-2025. I acknowledge and agree to abide by the following terms and conditions as indicated in the contract.

(PLEASE READ AND INITIAL EVERY AREA TO INDICATE ACKNOWLEDGEMENT.)

FINANCIAL REQUIREMENTS

REGISTRATION FEE: \$150 Once per school year (Non-refundable)

MONTHLY TUITION Babies-Ones

One Day/Week: **\$215.00**
Two Days/Week: **\$315.00**
Three Days/Week: **\$415.00**
Four Days/Week: **\$515.00**

MONTHLY TUITION Twos/Threes/Pre-K

One Day/Week: **\$200.00**
Two Days/Week: **\$300.00**
Three Days/Week: **\$400.00**
Four Days/Week: **\$500.00**

EARLY CARE

8:30AM-9:00AM
\$5.00 Daily per Child

STAY & PLAY EXTENDED HOURS

MON-THURS

2:30PM-4:30PM
\$15.00 Daily per Child

FRIDAY

9:00AM-2:30PM
\$40.00 Per Day

SUPPLY FEES

(Non-refundable)
Due in August & January

Infants and Ones:

\$75.00

Twos-Pre-K:

1 or 2 Days/Week: \$75.00
3 Days/Week: \$105.00
4 Days/Week: \$135.00

Initial

REGISTRATION FEES: Fees are due at the time of registration and are NON-REFUNDABLE. If registering after the start of the program and before March 2025, a full registration fee is still required. If registering after March 1, 2025, the registration fee will be \$100.00.

Initial

POST-START DATE ENROLLMENT: Tuition begins IMMEDIATELY AND IS PRORATED according to the start date.

Initial

HOLIDAYS/CLOSURES: I understand that monthly tuition remains the same every month and is not discounted for holidays/MDO closures.

Initial

ABSENTEEISM: No credit will be issued or substitutes allowed in the event that your child is absent or sent home for sickness or behavioral situations.

Initial

LATE TUITION CHARGE: A late charge in the amount of \$25.00 will be assessed for payments received after the 5th of the month.

Initial

WITHDRAWAL POLICY: I understand that a 2 WEEK PAID NOTIFICATION is required. If I find it necessary to remove my child from the program, I am responsible for the tuition through the end of the 2 weeks. Any remaining refund due will be refunded after all Extended Care fees are paid and it may take up to one month.

Initial

LATE PICK-UP CHARGE: Parent or Guardian agrees to pick up their child promptly at 2:30PM. Any child that is picked up after 2:35PM will be charged a late fee that will be added to your account. Fees are \$1.00 per minute per child. Late fees are also charged after 4:30PM.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

FACILITY NAME: FREEDOM CHURCH MDO/PRE-K

DIRECTOR: DEBBIE ADAMS-DORNAN

DATE RECEIVED: _____ DATE OF ADMISSION: _____ DATE OF WITHDRAWAL: _____

THIS FORM IS
REQUIRED FOR
ALL FOOD
ALLERGIES
PRIOR TO
ADMITTANCE.

Name: _____ D.O.B.: _____

Allergy to: _____

 Weight: _____ lbs. Asthma: Yes (higher risk for a severe reaction) No

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____

THEREFORE:

- If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.
- If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:
SEVERE SYMPTOMS


LUNG

Shortness of breath, wheezing, repetitive cough


HEART

Pale or bluish skin, faintness, weak pulse, dizziness


THROAT

Tight or hoarse throat, trouble breathing or swallowing


MOUTH

Significant swelling of the tongue or lips


SKIN

Many hives over body, widespread redness


GUT

Repetitive vomiting, severe diarrhea


OTHER

Feeling something bad is about to happen, anxiety, confusion

**OR A
COMBINATION**
of symptoms
from different
body areas.



1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS


NOSE

Itchy or runny nose, sneezing


MOUTH

Itchy mouth


SKIN

A few hives, mild itch


GUT

Mild nausea or discomfort

**FOR MILD SYMPTOMS FROM MORE THAN ONE
SYSTEM AREA, GIVE EPINEPHRINE.**

**FOR MILD SYMPTOMS FROM A SINGLE SYSTEM
AREA, FOLLOW THE DIRECTIONS BELOW:**

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

 Epinephrine Dose: 0.1 mg IM 0.15 mg IM 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

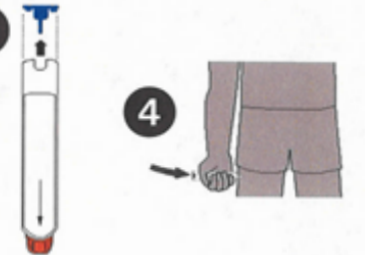
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
5. Call 911 and get emergency medical help right away.

3


HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.

3


HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALICK®), USP AUTO-INJECTOR, IMPAX LABORATORIES

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip.
3. Grasp the auto-injector in your fist with the red tip pointing downward.
4. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
5. Press down hard and hold firmly against the thigh for approximately 10 seconds.
6. Remove and massage the area for 10 seconds.
7. Call 911 and get emergency medical help right away.

5


HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, pull off the blue safety release.
4. Place the orange tip against the middle of the outer thigh (upper leg) at a right angle (perpendicular) to the thigh.
5. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
6. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
7. Remove and massage the injection area for 10 seconds.
8. Call 911 and get emergency medical help right away.

5


ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____