



Highland's Mother's Morning Out
1160 Highland Colony Parkway
Ridgeland, MS 39157
601-853-0636

Child's Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

What name does your child prefer to be called ? \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ (as of Sept 1, 2019)

Select which program you prefer:

Infant Class - \_\_\_\_\_ 6 to 12 month

\_\_\_\_\_ 9:00 to 12:00 - One Day: \_\_\_\_\_ Tuesday \_\_\_\_\_ Thursday \$85.00 a month

\_\_\_\_\_ 9:00 to 2:00 - One Day: \_\_\_\_\_ Tuesday \_\_\_\_\_ Thursday \$105.00 a month

\_\_\_\_\_ 9:00-12:00 - Tuesday -Thursday \$135.00 a month

\_\_\_\_\_ 9:00-2:00 - Tuesday -Thursday \$175.00 a month

\_\_\_\_\_ 7:30 - 8:45 - Early Room

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\_\_\_\_\_ 3 to 18 months \_\_\_\_\_ 19 to 24 months \_\_\_\_\_ 2 Year Old

\_\_\_\_\_ 9:00 to 12:00 - One Day: \_\_\_\_\_ Tuesday \_\_\_\_\_ Thursday - \$ 75.00 a month

\_\_\_\_\_ 9:00 to 2:00 - One Day: \_\_\_\_\_ Tuesday \_\_\_\_\_ Thursday - \$ 95.00 a month

\_\_\_\_\_ 9:00-12:00 - Tuesday -Thursday \$125.00 a month

\_\_\_\_\_ 9:00-2:00 - Tuesday -Thursday \$165.00 a month

\_\_\_\_\_ 7:30 - 8:45 - Early Room

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Three Year Old Class

\_\_\_\_\_ 9:00-12:00 - Tuesday -Thursday \$140.00 a month

\_\_\_\_\_ 9:00-2:00 - Tuesday -Thursday \$175.00 a month

\_\_\_\_\_ 7:30 - 8:45 - Early Room

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Four Year Old Class

\_\_\_\_\_ 9:00-12:00 - Tuesday -Thursday \$150.00 a month

\_\_\_\_\_ 9:00-2:00 - Tuesday -Thursday \$190.00 a month

\_\_\_\_\_ 7:30 - 8:45 - Early Room

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business: \_\_\_\_\_ Business: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_ Religious Affiliation: \_\_\_\_\_

Names and ages of siblings: \_\_\_\_\_)

Local emergency contacts and phone numbers if we are unable to reach parents:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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Does your child have any allergies or special needs:

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

In case of a medical emergency: Doctor: \_\_\_\_\_ Telephone Number \_\_\_\_\_

Insurance Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Insurance Telephone Number \_\_\_\_\_

Permission is granted to meet the needs of my child in case of an emergency.

Parent's Signature: \_\_\_\_\_

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The following people are authorized to pick up and drop off my child/children:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I understand that acceptance of this enrollment form and the registration fee of \$100.00 assures my child a place in HMMO for the school year 2019/20, subject to the rules and regulations of the program. I have read the policy statement and am in agreement. I understand that should I decide not to send my child to HMMO the registration fee is non-refundable. I also understand that beginning August 1, 2019 I will be responsible for the full year of tuition should I need to release my spot and it cannot be filled.. Withdrawals must be sent in writing to [hmmo@highlandspca.org](mailto:hmmo@highlandspca.org)

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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For office use only:

Date Received: \_\_\_\_\_ Highlands Member \_\_\_\_\_ Previous Student \_\_\_\_\_

Form 121 \_\_\_\_\_ Reg. Fee \_\_\_\_\_ Accepted \_\_\_\_\_ Waiting list \_\_\_\_\_

Acceptance Letter: \_\_\_\_\_ Summer Information \_\_\_\_\_