



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, 2022)

Select your child's age group:

_____ 6 to 12 month

_____ 13 to 18 months

_____ 19 to 24 months

_____ 2 Year Old

_____ 9:00 to 12:00 - One Day: _____ Tuesday _____ Thursday \$120.00 a month

_____ 9:00 to 2:00 - One Day: _____ Tuesday _____ Thursday \$140.00 a month

_____ 9:00-12:00 - Tuesday -Thursday \$210.00 a month

_____ 9:00-2:00 - Tuesday -Thursday \$250.00 a month

_____ Three Year Old Class

_____ Four Year Old Class

_____ 9:00-12:00 - Tuesday -Thursday \$210.00 a month

_____ 9:00-2:00 - Tuesday -Thursday \$250.00 a month

_____ 7:30 - 8:45 - Early Room _____ One Day - \$20 a month _____ Tues _____ Thurs

_____ 7:30 - 8:45 - Early Room _____ Two Day - \$40 a month

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: _____

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: _____

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 non-refundable registration fee of \$100.00 assures my child a place in HMMO for the school year 2022/23, subject to the rules and regulations of the program. I have read the policy statement and am in agreement. *I also understand that beginning May 15, 2022 I will be responsible for the full year of tuition should I need to release my spot and it cannot be filled. Immunization Form is required by the first day of school. Full registration is not dependent on the Immunization Form being submitted to the school office.*

Parent's Signature _____ Date _____