



Office Use Only

Enrollment Application Signed Medical Waiver Signed
 Registration Fee Paid Student Health Form Completed
 Memorandum of Understanding Signed Immunization Certificate on File
 Accepted Declined
 Attended Orientation

Enrollment Application

**Rocky Hill Baptist Church
Mother's Day Out**

**7409 Northshore Drive ♦ Knoxville, TN 37919
865-691-7685 ♦ www.rockyhillchurch.org**

Student Information

Application Date: _____ Applying for (please circle): M/W or T/R

School Year: _____ Date of Birth: _____

Student's Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Gender (please circle): Male Female

Student lives with (please circle): Mother Father Stepmother Stepfather
Legal Guardian Grandparents Other (please list): _____

Special instructions regarding mailings or pickup: _____

**Train a child in the way he should go, and when he is old he will not turn from it.
Proverbs 22:6**

Student Information

Has the child ever been in a structured program? Yes No If yes, where and date of enrollment: _____

_____ May we contact them? Yes No Phone: _____

Has the child ever been denied enrollment or re-enrollment? Yes No If yes, please explain: _____

EATING HABITS

At what time does the child eat breakfast? _____ Lunch? _____ Dinner? _____

Does the child feed themselves? Yes No Explain: _____

If child refuses to eat, how is this handled? _____

Favorite foods: _____ Disliked foods: _____

Food Allergies: _____

SLEEPING HABITS

Has room alone? Yes No If no, who does the child room with? _____

Child goes to bed at: _____ Average sleeping hours: _____ Naps from _____ to _____

Attitude toward going to bed: _____ If there is difficulty, how is this handled? _____

Habits associated with going to bed: _____

Does child wet the bed at night? Yes No During nap? Yes No If so, how is this handled? _____

TOILET HABITS

How often does the child go to the bathroom? _____ Does child take themselves? Yes No

Does the child tell you when he/she needs to go? Yes No What word is associated with urinating? _____

Bowel Movement? _____ Any additional comments: _____

SPEECH & PHYSICAL GROWTH

Does the child talk well? Well Fairly Well Not Very Well

Does anyone read to the child? Yes No How often? _____

*Any additional information you think we should know about your child: (Please use additional sheet of paper, if needed.)

Family Information

Father

Mother

Last Name First Name MI Title

Last Name First Name MI Title

Address: _____

Address: _____

City State Zip

City State Zip

Home #: _____ Work #: _____

Home #: _____ Work #: _____

Cell #: _____ Pager #: _____

Cell #: _____ Pager #: _____

Email: _____

Email: _____

Employer: _____

Employer: _____

Position: _____

Position: _____

Church Affiliation: _____

Church Affiliation: _____

Church Address: _____

Church Address: _____

Pastor's Name: _____

Pastor's Name: _____

Attend Regularly? Yes No

Attend Regularly? Yes No

Emergency Contacts if parents are unavailable:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

If parents are divorced, which parent has custody? _____

For the child's safety, list other persons to whom the child may be released:

Name	Relation	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Why do you want your child to attend Rocky Hill Baptist Church's Mother's Day Out Ministry? _____

Please give a brief description of your relationship to Jesus Christ.

Parent's Declaration of Agreement and Understanding

- ◆ We, as parents, accept the challenge to “train up a child in the ways he should go” (Proverbs 22:6), and we do state that this training will be carried out in the home. We place our trust in Rocky Hill Baptist Church Mother’s Day Out Ministry (RHBC MDO) to extend that training more completely.
- ◆ We do hereby state that we have made a thorough investigation of this ministry, and we pledge our commitment to it.
- ◆ We understand that we have an obligation to be actively involved in the education of our children. We agree to uphold and support the educational standards of RHBC MDO by providing a place at home for our child to explore what is learned in the classroom.
- ◆ We will faithfully support RHBC MDO through our prayers. We are committed to giving a good report by sharing any complaints and negative comments about RHBC MDO only with the people involved. All issues will be taken care of with the MDO Director.
- ◆ We understand that the standards of RHBC MDO do not tolerate profanity, obscenity in work or action, dishonor to the Word of God, disrespect to any personnel, or continued neglect of established policies.
- ◆ We believe that discipline is necessary for the benefit of each student as well as for all of RHBC MDO. We give permission to the teachers and administration to make and enforce regulations in a manner consistent with the Christian principles and discipline set forth in the Scriptures. We further agree that we will cooperate and discipline our child in the home as needed.
- ◆ We pledge that if, for any reason, our child does not respond favorably to RHBC MDO, we will do everything in our power to cooperate with the RHBC MDO staff to help our child make the necessary adjustments. If these adjustments cannot be made, then we agree to quietly withdraw our child.
- ◆ We will support RHBC MDO by involvement in any parent-teacher conference, open house, parent-teacher fellowship, workdays, and other RHBC MDO-sponsored events.
- ◆ We give permission for our child to take part in all RHBC MDO activities. We understand that RHBC MDO does not provide student medical/accident insurance and that it is our responsibility to provide our own.
- ◆ We have read and understand the financial information and pledge to fulfill our responsibilities accordingly.
- ◆ We understand that if at any time RHBC MDO determines, in its sole discretion that my actions do not support the ministry, or reflect a lack of cooperation and commitment to the home and RHBC MDO working together, RHBC MDO has the right to terminate the enrollment of my child(ren).

We, as parents of the student, do sincerely give our pledge to the above items. We state that we are financially responsible for the student’s account. Further, we understand that failure of the parents or child to comply with the established regulations and discipline, parental commitment, or failure to meet financial obligations will forfeit the student’s privilege of attending RHBC MDO.

Parent’s Signature _____ Date _____