



Child's Name _____ Birthday _____ Male _____ Female _____

Name child goes by: _____ Age as of 9/1/2026 _____

Address _____ City _____ State _____ Zip _____

Mother: _____ Father: _____

Cell# _____ Work# _____ Cell# _____ Work# _____

Employment: _____ Employment: _____

Email: _____ Church attending _____

Persons Allowed to Pick-Up Child (other than parents) and Emergency Contacts (please list the order in which to call)

1. _____ 2. _____

Relationship: _____ Relationship: _____

Home#: _____ Home#: _____

Mobile#: _____ Mobile#: _____

3. _____ 4. _____

Relationship: _____ Relationship: _____

Home#: _____ Home#: _____

Mobile#: _____ Mobile#: _____

***Must show ID if other than the parents.**

I give permission to Longview Heights Preschool and Mother's Day Out to take pictures of my child. I understand that these will be used for crafts as well as possible promotional purposes. If the pictures are used online, I understand that the names will be withheld unless on our private MDO parent's page.

Signature: _____

I grant permission for my child to use the play equipment and participate in the activities of the Preschool and Mother's Day Out program.

Signature: _____

We must have this completed form, \$75 registration fee, a current shot record (MS-121) on file and the first month's tuition, due on July 1, to hold your child's place in MDO for August 2026.

Parent signature: _____ Date: _____

Registration paid _____ Shot records returned _____ Date & time _____ Staff initials _____