

Covenant Mother's Day Out Enrollment Waiting List

Child's Name: _____

Child's Date of Birth: _____

Parents' Names: _____

Address: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Please check your preference:

**Checking this does not guarantee a spot will be available

- 1 Day – Mondays (Babies)
- 2 Days – Wednesday/Friday (Babies and Toddlers)
- 3 Days – Monday/Wednesday/Friday (Babies and Toddlers)

(Babies are those children younger than one by September 1st of the school year)

Please check one:

Are you a Covenant Member? Circle Yes or No

Are you a sibling of a current Day School child? Circle Yes or No

I understand that the Registration Fee for Covenant Mother's Day Out will not be refunded for any reason. I am agreeing to enroll my child in this program and agree to the non-refundable fee.

Parent's Signature: _____

Please complete this form and mail with \$25 fee to:

Covenant Mother's Day Out
Attn: Jami Bennett
65 Old Montgomery Highway
Homewood, AL 35209

Office Use Only:

Waiting List

Fee Paid

Date _____

Check Number _____