



Wee Care

MOTHERS DAY OUT 

WEE Care – Mother's Day Out Ministry
Pin Oaks Christian Fellowship, 501 S. Shirley, PO Box 163, Anna, TX 75409
weecare@pinoaks.org

Thank you for your interest in our WEE Care/Mothers Day Out Program.

This application process listed below is for children wanting to join our WEE Care/MDO Tuesday-Thursday program or Wednesday program.

To fill out this application you may fill it out within the document as you type and then print it or print it and fill it out with a pen.

To apply for enrollment please submit all of the following to the Pin Oaks Christian Fellowship office for EACH child.

- Current shot records and physicians clearance
- Registration application and child information page
- Registration fee of \$75 per child for the two day a week program or \$50 for the once a week program.
- Completed and signed WEE Care/MDO Agreement of policies
- Child insurance and parental release form
- Payment Option Sheet

Thank you for submitting an application for enrollment with POCF's WEE Care/Mothers-Day-Out program.

This registration application does not guarantee a placement within our program.

Space is limited. Positions are filled on a first come basis. Your application will be processed and you will be notified of enrollment or your position on our waiting list. Your fee will be returned if we cannot place you at this time.

Sincerely,

Marcus Elliott



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Registration Application for Student – Please fill out a form for each child.

Name (full): _____

Age: _____ Gender: _____ Birth Date: ____/____/____

Primary Phone: (_____) _____ - _____

Emergency Phone Number: (_____) _____ - _____

Address: _____

City, State, Zip: _____

Email Address: _____

Desired Enrollment: (circle one): MDO Tuesday/Thursday or MDO Wednesday

Current Church Affiliation: _____

Would you like to receive more information about POCF and our programs?

YES NO



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My child will normally be picked up by:

Please list information on anyone we could contact in an emergency or is allowed to pick up the child.

Name	Address	Phone Cell/Work	Relationship
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Are parents currently: Married Separated Divorced Widowed

I hereby authorize the MDO staff to allow my child to leave the church with the people listed above:

Parent/Guardian Signature

Date

The child will not be released to anyone not on this list without written consent by the parent/guardian and without valid identification.



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Please tell us a little about your child:

Full Name: _____

Any allergies? (foods, outside, etc.) _____

Play habits: _____

Eating Behavior (tips for lunch): _____

Special Words or Signs: _____

Fears or special ways to comfort: _____



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Physician's Health Statement

Admission Requirement for Wee Care – Mother's-Day-Out Children

Along with the form, we also require a current copy of shot records.

Child's Name _____ Birth Date ___/___/___

Physician Name _____

Physician Office Address _____

Office Phone Number _____

Physician's Statement

I have examined the above named child within the past year and find that he/she is physically able to take part in the Wee Care Program at Pin Oaks Christian Fellowship.

Physician's Signature _____ Date _____



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Parent Release Form & Child Insurance Information (page 1 of 2)

This form must be signed IN FRONT of the notary. It cannot be notarized otherwise.

Child's Name: _____

Insurance Company: _____

Group/Policy Number: _____ Member/ID #: _____

Plan Number: _____ Insurance Phone Number: _____

Medical, Physical or other limitations: _____

Current Medications: _____

Last Tetanus shot: _____ Allergies: _____

Preferred Hospital if reasonable based on emergency: _____

Physician's Name: _____ Phone: _____



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Parent Release Form & Child Insurance Information (page 2 of 2)

Child's Name: _____

In the event that in the event that the above named child becomes ill or sustains an injury while attending MDO at Pin Oaks Christian fellowship of Anna, Texas, I, the undersigned, give my permission to those in charge to take whatever steps are necessary to stop any bleeding and or to administer first aid.

I also consent to an x-ray examination, anesthetic, medical or dental or surgical diagnosis and treatment including invasive procedures and hospital care as well as the administration of drugs or medicine to be rendered to my son or daughter under the general or specialized supervision and upon the advice of a duly licensed physician and or surgeon.

I understand that this consent will apply to all emergency situation present and future in effect until written revocation is made.

I also assume responsibility for any medical and emergency expenses in the event of accident or injury or other incapacity, regardless of whether I have authorized such expenses.

The undersigned hereby releases from liability and agrees to indemnify and hold harmless Pin Oaks Christian Fellowship and its employees and representatives for any and all liability for personal injuries (including death), property loss or damages resulting from activities during the Wee Care – Mother's Day Out program.

Parent/Guardian Signature: _____

Notary: _____ Date my commission expires: _____

Dated this _____ day of _____, in the year 20____



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Wee Care – MDO is a ministry of Pin Oaks Christian Fellowship. It is self-funded. All monies and fees are used for supplies, expenses, and salaries. We depend on your attendance and prompt payment for continued ministry and operation.

Please read and review the detailed explanation of these topics before signing. Full policy is available on line or in church office.

- Registration
- Tuition
- Short Months
- Withdrawing
- Inclement Weather
- Late Fees
- Penalty
- Supplies
- Birthday Celebrations
- Drop Off
- Illness
- Emergencies

Agreement: I have read and agree to abide by the above fee schedule, financial procedure, fee payment plan and daily operations.

Parent/Guardian Signature

Date

*These policies are posted on our Wee Care – MDO website and will be given to you at the meet the teacher night or on your first day of MDO. If you would like a copy emailed to you, please send the director a note at weecare@pinoaks.org.



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Tuition Options

All tuition will be due the first School day of the month. This year, we have two options for your payment. Please check the option you prefer.

Tuesday/Thursday Wee Care – MDO

_____ Pay in full for the year. The total for the year will be \$1,000 per child plus the \$75 registration fee. If you choose this option, your money must be received by September 1.

_____ 9 equal payments of \$125 per child. These payments will be due on the first school day of each month.

Wednesday Wee Care – MDO

_____ Pay in full for the year. The total for the year will be \$600 per child plus the \$50 registration fee. If you choose this option, your money must be received by September 1.

_____ 9 equal payments of \$75 per child. These payments will be due on the first school day of each month.

Child's Name: _____

Parent's Signature: _____ Date: _____