

Mother's Day Out

Karl Road Baptist Church

2011-2012

WHAT: The Mother's Day Out is a Christian based program for toddlers and preschoolers. Our goals are to introduce the children to Bible stories, attitudes and behaviors as admonished in God's word. The program is designed to provide children with the opportunity to interact with others in a structured environment, while listening to Bible stories, learning new songs, making a craft and just having fun!

WHO: Moms of toddlers and preschoolers.
Your child must be at least 18 months old by September 1st

WHEN: Fridays
September thru May
9:30 a.m. to 1:30 p.m.
We try to follow the Columbus Public School calendar.

WHERE: Karl Road Baptist Church

FEEs: \$20.00 non-refundable registration fee for each child
\$60.00 per month for the first child
\$50.00 per month for each additional child

REGISTRATION:

Registration is done on a first come, first served basis. Your registration fee must accompany your registration form. Current MDO families and KRBC attendees may register during the month of May. Other families may begin registering on June 1st. Please do not mail your registration form before June 1st. If we are unable to enroll your child(ren) in the program due to lack of space available, your registration fee will be returned. Please mail your registration form to the church. All checks should be made payable to "Karl Road Baptist Church" and write MDO on the memo line. We will mail you a letter confirming that we have received your registration form.

QUESTIONS?

If you have questions about the program, please contact the church office. Someone would be happy to speak with you!

Karl Road Baptist Church
Attn: Mother's Day Out
5750 Karl Road
Columbus, OH 43229
614.885.3929 (church office)

Mother's Day Out

Registration Form for 2011-2012

Last Name:

Mom's Name:	Dad's Name:
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E-mail Address:

Child's Name	Male/Female?	Birth Date

Home Address:	
(please include zip code)	

Home Phone Number:	
Mom's Work Phone No.:	Dad's Work Phone No.:
Mom's Cell Phone No.:	Dad's Cell Phone No.:

Do you have a home church? If yes, where?

How did you find out about our program?

Would you like scholarship information?	_____ Yes	_____ No
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Emergency Contact Person (other than parent)	
Name:	Relationship:
Address:	Phone Number:

Permission is granted to meet the needs of my child in case of emergency.

(parent signature)