# **🌟 Imagination City Mother’s Day Out Registration Form**

*Where creativity takes root and childhood shines!*

## **🧒 Child & Family Information**

* **Child’s Full Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Start Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date of Birth**: \_\_\_ / \_\_\_ / \_\_\_\_\_\_
* **Age**: \_\_\_\_\_\_\_\_\_\_\_
* **Potty Trained**: ☐ Yes ☐ No
* **Allergies**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Will your child be entering Pre-K next year?** ☐ Yes ☐ No  
  + If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Special Comments or Instructions**:

## **👨‍👩‍👧 Parent/Guardian Information**

* **Parent/Guardian Name(s)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Mom’s Cell**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Can we text? ☐ Yes ☐ No
* **Dad’s Cell**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Can we text? ☐ Yes ☐ No
* **Home Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **City**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ZIP**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **🆘 Emergency Contacts (other than parents)**

1. **Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
    **Relationship**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
    **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
    **Relationship**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
    **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **🚗 Authorized Pick-Up (other than parents)**

1. **Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
    **Relationship**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
    **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
    **Relationship**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
    **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*For safety, anyone picking up must show a photo ID. Only authorized persons may pick up unless a special written authorization form is submitted.*

## **🏥 Medical Information**

* **Child’s Doctor**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Doctor’s Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **✅ Consent & Policy Acknowledgements**

(Circle “YES” or “NO” for each section)

### **🔒 Medical Release – YES / NO**

I give permission for my child to participate in all Imagination City MDO activities. In case of emergency and if I cannot be reached, I authorize Imagination City LLC staff to seek medical treatment for my child. I release Imagination City LLC and its staff from liability for any actions taken in good faith during such activities.

### **📸 Photo Release – YES / NO**

I grant permission for my child to be photographed or videoed for classroom and marketing use, including on platforms such as Facebook and TikTok. No names will be publicly used.

### **💵 Financial Obligation – YES / NO**

I agree to the tuition and fee policies outlined in the MDO Handbook. I understand:

* Tuition is due on the **1st mdo day**
* A **2 week written notice** is required to withdraw.
* I am responsible for full tuition regardless of attendance.

## **🤒 Illness Policy Acknowledgment**

I agree not to bring my child if they have a fever (above 99°F), vomiting, diarrhea, or symptoms of illness. If diagnosed with a contagious illness (e.g., pink eye, strep throat, head lice), I will follow the policy requiring 24 hours of antibiotics or symptom-free status before returning. A **doctor’s note** is required for re-entry.

## **⏰ Late Pick-Up Policy Acknowledgment**

I understand a **$8 per minute per child** late fee will apply if pick-up exceeds scheduled time. Courtesy calls are appreciated but do not waive the fee. Repeated late pick-ups may result in **termination** of enrollment.

## **💊 Medication Policy**

Classroom staff may **not administer any medications**, including ointments. If medication is required during class hours, arrangements must be made with the director.

## **♿ Special Accommodations**

If my child requires special care due to allergies, medical needs, developmental delays, or limitations, I will notify the director in advance. Enrollment is contingent upon our ability to meet those needs safely.

## **📅 Program Closures**

I acknowledge that Imagination City follows **Abilene ISD’s calendar** for breaks and will close during **bad weather or facility emergencies** (e.g., power outage, gas leak).

## **💬 Behavior & Discipline Policy**

I understand that disruptive or unsafe behavior may result in my child being sent home. Continued unsafe behavior may result in **loss of privileges**, **suspension**, or **termination** from the program.

## **✍️ Parent Signature**

By signing below, I confirm that I have read and understood the above policies and agree to all program terms outlined in the **Imagination City MDO Handbook**.

**Parent/Guardian Name (Print)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **Date**: \_\_\_ / \_\_\_ / \_\_\_\_\_\_

## **🧸 Additional Children (If applicable)**

### **Child #2**

* **Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age**: \_\_\_\_\_
* **Birthday**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Potty Trained**: ☐ Yes ☐ No
* **Allergies**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Will enter Pre-K next year?** ☐ Yes ☐ No – Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Special Instructions**:

### **Child #3**

* **Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age**: \_\_\_\_\_
* **Birthday**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Potty Trained**: ☐ Yes ☐ No
* **Allergies**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Will enter Pre-K next year?** ☐ Yes ☐ No – Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Special Instructions**:

## 

## **📬 Submit Form & Payment**

Please return this completed form along with your **non-refundable registration fee** to:

**Imagination City** 📍 4646 S 14th St., Abilene, TX 79605  
 📞 (325) 436-5812

Registration is not complete until both the form and payment are received.