



Dear Parents:

Mother's Day Out (MDO) is beginning the registration process for the 2026-2027 school year.

As a reminder, Mother's Day Out accepts children ages 15 months to 4 years. Our cutoff date is December 1<sup>st</sup>. Your child must be 3 years old on December 1<sup>st</sup> of the current year to be enrolled as a 3+ student. If your child turns 4 before December 1<sup>st</sup>, then they are too old to be enrolled in our program.

Our registration process will be conducted in two phases. During each phase, spaces will be filled on a "first-come, first serve" basis according to receipt of a completed registration packet AND the \$50.00 non-refundable registration fee. This will continue until all spaces in each classroom are filled. Once a day is filled, a waiting list will be maintained **based upon the order in which application and registration fees are received.**

Registration phases are:

1. **Returning and Alumni Families: Monday, February 2, 2026- Sunday, February 8, 2026**
2. **Open Registration: will begin Monday, February 9, 2026**

Please note, that all current MDO families **must return a hard copy** of their registration forms and the \$50.00 registration fee in order to secure a space in the program. Once Open Registration begins, no preferential treatment will be given to returning families.

Please complete the attached registration forms and return them to us, along with a check for \$50.00 (made payable to Mother's Day Out). You can also return the forms to the mailbox located in Ms. Karen and Ms. Sara's room. No cash will be accepted for the registration fee; checks only please.

Our mailing address is:                      Mother's Day Out  
    PO Box 252  
    Orchard Park, NY 14127

If you have any further questions, please contact our Membership Chair, Jillian Cross, at [OPMDOResister@gmail.com](mailto:OPMDOResister@gmail.com).

Thank you,

MDO Board of Directors



## **TUITION PAYMENT SCHEDULE FOR 2026-2027**

### **Enrollment Options:**

### **Annual Tuition:**

Plan 1: One (1) enrolled spot a week	\$640.00
Plan 2: Two (2) enrolled spots a week	\$1,280.00
Plan 3: Three (3) enrolled spots a week	\$1,920.00

**Each registration requires a \$50 non-refundable registration fee due upon registration. The MDO Program is organized into four sessions. Tuition for the year is to be paid in four installments, each due prior to the start of each session.**

**Payments are due as follows (please be sure to mark your calendars):**

<b>Due Dates</b>	<b>Plan 1</b>	<b>Plan 2</b>	<b>Plan 3</b>
<b>Upon Registration</b>	<b>\$50 due per child enrolled (i.e., 1 child=\$50, 2 children=\$100)</b>		
<b>August</b>	\$160	\$320	\$480
<b>November</b>	\$160	\$320	\$480
<b>January</b>	\$160	\$320	\$480
<b>March</b>	\$160	\$320	\$480

**Please make checks payable to:**

Mother's Day Out  
PO Box 252  
Orchard Park, NY 14127

***Please note a late fee of \$25 will be charged for payments not postmarked within 7 days of due date.***



## **Registration Form 2026-2027 School Year**

I would like to register my child for \_\_\_\_ days per week:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

*You may register up to **three days** a week per child; we will do our best to accommodate your requests.*

Child's First & Last Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Child's Guardian's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Second Telephone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Would you want the doctor to be called in case of emergency if you cannot be reached?

YES \_\_\_\_\_ NO \_\_\_\_\_

In case of an accident, I give my permission to Mother's Day Out to take my child to the nearest hospital.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

Name and telephone number of someone to call in case of emergency when neither parent can be reached:

1. \_\_\_\_\_

2. \_\_\_\_\_



Please list any special medical information such as allergies, reactions, disabilities, etc. and/or other important information that may be helpful for the teacher to know:

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Interested in being a paid substitute in the event one of the staff members or volunteers is absent?  
YES \_\_\_\_\_ NO \_\_\_\_\_

Interested in actively working on the Mother's Day Out program? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a member of the Orchard Park Presbyterian Church (OPPC)? Yes \_\_\_\_\_ No \_\_\_\_\_

How did you hear about the Mother's Day Out Program? \_\_\_\_\_

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**Mail this registration form along with a \$50 registration fee and your child's latest immunization records to:**

Mother's Day Out  
PO Box 252  
Orchard Park, NY 14127

**\*\*\* Your child's spot will not be held until we have all necessary documents AND registration fee (\$50 for each child). \*\*\***



## CO-OP COMMITMENT FORM

The Mother's Day Out program is a child care cooperative center which depends on participating families to contribute time and talent to the classroom activities. It offers parents an opportunity to meet the staff, board members and other parents in a warm supportive setting.

Cooperative collaboration between the program and families is beneficial not only to the child, but to the success of the program. Parents therefore are expected to participate as child care helpers in the classrooms. Parents are responsible for being aware of their scheduled co-op dates, to make any schedule changes (if needed), and to **be present from 9:15 a.m. until 12 p.m.** on their co-oping day. The parent in the classroom is also responsible for providing the snack for the day. Please bring in something suitable for the age group. Parents are **not permitted** to change diapers or take children to the restroom unless it is their own child.

CO-OP COMMITMENT SCHEDULE	
Days per week enrolled	Co-op days required
1	1 day per session*
2	2 days per session*
3	3 days per session*

*\*Please note that there are four sessions during the year.*

If a parent should miss their scheduled day without prior arrangements for a substitute, a \$30 penalty fee will be assessed. In addition, the parent will be responsible for paying \$45 to the substitute secured by MDO on short notice. The parent will also receive a written warning from the Board advising that any subsequent occurrence may result in dismissal from the program. Tuition will not be refunded.

This obligation is taken seriously by the Mother's Day Out Board. The safety and well-being of the child is at risk when a parent misses their scheduled day.

By signing this co-op commitment form, I understand my parental obligation to fulfill my scheduled co-op shifts.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

*\*\*If the option were available to pay a higher tuition in lieu of co-oping, would that be of interest to you? Yes \_\_\_\_\_ No \_\_\_\_\_*



## **PERMISSION TO PHOTOGRAPH FORM**

Child's Name: \_\_\_\_\_

We are online and on Facebook and Instagram! Our Facebook and Instagram pages will be used to share news, reminders, and information about your child's program. Please let us know if we have permission to include your child's photo on our website, Facebook page, Instagram page, and in our Mother's Day Out (MDO) Newsletters. Please note that children will NEVER be identified by name in any photos that are used.

\_\_\_\_ NO, I do **not** give permission for photos of my child to be posted online, on Facebook/Instagram or in MDO Newsletters

\_\_\_\_ YES, I do give permission for photos of my child to be used online, on Facebook/Instagram or in MDO Newsletters

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date



## **HEALTH CERTIFICATE FORM**

Child's Name: \_\_\_\_\_

***Proof of immunizations is required by New York State Health Law Section 2164 to enter and attend a child care facility. Your child will not be allowed to attend the program if we do not have a completed health certificate before the first day of school.***

1. Diphtheria 3 doses dates: \_\_\_\_\_

2. Polio 3 doses dates: \_\_\_\_\_

3. MMR 1 dose date: \_\_\_\_\_

4. HIB 3 doses dates: \_\_\_\_\_

If administered after 15 months of age, 1 dose date: \_\_\_\_\_

5. Hepatitis B 3 doses dates: \_\_\_\_\_

6. Tetanus 3 doses dates: \_\_\_\_\_

7. Pertussis 3 doses dates: \_\_\_\_\_

8. Varicella Vaccination: \_\_\_\_\_

Does child have any physical or chronic condition (i.e. sight, hearing, allergy, etc.)?

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ has been examined by me and found physically able to  
(Name of Child)

participate in a preschool program.

Health Care Provider: \_\_\_\_\_ (print)

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***\*\*Please note, if your child's health care provider has a patient portal, you can print out a copy of his/her vaccination records and send this in with your registration packet.***







## **RELEASE AND WAIVER FORM**

(Revised April 2025)

Child's Name and Age (Please Print):

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I represent that I am the parent or legal guardian of a minor child ("Child"), whom I wish to have participate in the activities sponsored by or supervised by the Mother's Day Out Program ("Program") conducted at the Orchard Park Presbyterian Church ("Church").

I hereby understand that the Child's participation in the Program can be dangerous and the dangers may include damage to or destruction of personal property, minor and/or serious physical injury or even death. With full knowledge of these hazards and risks, I represent that I am signing and submitting this Release and Waiver voluntarily of my own free will on my own behalf and on the behalf of the Child. I warrant that the Child has no physical, mental, or emotional disabilities, nor any history of such, that will impair the Child's participation in the Program. I understand and expressly assume full responsibility for myself and on behalf of the Child for all risks and dangers incident to the Program, including, without limitation, personal injury, death, property damage, or destruction, whether caused by negligence or otherwise.

With full knowledge of the above, I release the Church, its directors, officers, agents or employees, and all other persons participating in the program including, without limitation, the Program director, teachers, directors and volunteers, from any and all liability and waive any and all claims against the Church, its directors, officers, agents or employees, and all other person participating in the Program, including without limitation, the Program director, teachers, directors and volunteers for personal injury, death, property damage or other loss resulting to the Child or other persons arising from or in connection with the Child's participation in the Program, whether caused by negligence or otherwise.

I further agree on my own behalf and on the Child's behalf to indemnify and hold the church, its directors, officers, agents, and employees and other persons participating in the program, including, without limitation, the Program director, teachers, directors and volunteers, harmless against any loss or claim incurred as a result of my failure or the Child's failure to abide by these rules and regulations, or as a result of other inappropriate conduct by the Child.

I have received, read, and understand the policies, guidelines, and tuition arrangements as set forth in the Orchard Park Presbyterian Mother's Day Out Handbook and agree to comply with them.

I hereby give authorization for the emergency medical treatment of my child. In the event that a medical emergency should occur in my absence, I authorize the staff of the Orchard Park Presbyterian Mother's Day Out to administer aid and seek treatment. I will assume the cost of all medical emergency treatment.



I have read this Release and Waiver and fully understand its terms and the significance of those terms.

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Signature of Parent/Legal Guardian

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Date

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Signature of Parent/Legal Guardian

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Date