

GOODNAZ MDO REGISTRATION

Date: _____
M/W Program _____
T/TH Program _____

Child's Information

Name :

Preferred Name:

Birth Date :

Gender :

Address :

Has your child been in group care before? If yes, please describe.

Do you have any concerns about how your child will adjust to our program?

Is there anything special we should know about your child or family?
(Recent move, change in family size, etc.)

List any existing medical conditions, medication and/or special attention your child may require.

Allergies:

Pediatrician's Name:

Phone Number:

Hospital Preference:

Parent/Guardian Information

Mother's Name:

Cell Number:

Email:

Address :

Father's Name:

Cell Number:

Email:

Address :

Custody: Both Mom Dad Other

Home Church:

I have read the GoodNaz MDO Parent Handbook and agree to abide by all of the GoodNaz MDO policies. I understand the registration fee is non-refundable and I must give a two week notice to withdraw from the program. I understand that GoodNaz MDO is not licensed and is not required to be licensed by the State of Tennessee as a child care agency.

Signature of Parent or Guardian:

I give permission to GoodNaz MDO to take photos of my child _____ for use in GoodNaz MDO printed and/or social media content.

I do not give permission to GoodNaz MDO to take photos of my child _____ for use in GoodNaz MDO printed and/or social media content.

Release Authorization

The individuals listed below are authorized to pick up my child or to assume responsibility for my child in case of an emergency, accident, or illness. I understand the person to pick up my child in an emergency will be required to show a driver's license.

Signature of Parent or Guardian:

Name:

Relationship to child:

Cell Phone:

Name:

Relationship to child:

Cell Phone:

Name:

Relationship to child:

Cell Phone:

GOODNAZ MDO TUITION DRAFT

Authorization Agreement for Drafting MDO Payments

I hereby authorize Goodlettsville Church of the Nazarene, hereinafter called COMPANY, to initiate debit entries once monthly from my checking account indicated below, and the depository named below, hereafter called DEPOSITORY, a reasonable opportunity to act on it.

Depository Name

Branch

City:

State:

Transit/ABA No.

Acct.#

Child/Children's Name(s)

This authority is to remain in full force and effective until COMPANY and DEPOSITORY have received written notification from me (or either of us) of its termination in time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. **GoodNaz MDO requires written notice in advance of at least two weeks to discontinue.**

Date:

Name:

Signature

Signature (if second signature is required by bank)

Please attach a VOIDED check to this authorization. Drafts occurs the first day of the month unless otherwise noted.

(Attach voided check here)