

Office Use	MTWTF	MWF	TTh	Other	Teacher: _____
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**Pleasant Grove Baptist Church  
Mother's Morning Out  
Registration Form for 2026/2027 School Year**

**\$150 Registration must be paid with a check or money order – NO CASH please**

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

**\*\*Denotes Mandatory Numbers for Emergency Contacts\*\***

**\*\*Cell (Mother):** \_\_\_\_\_

**\*\*Cell (Father):** \_\_\_\_\_

**Age as of August 31, 2026:** \_\_\_\_\_

Father's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

List Siblings & Age: \_\_\_\_\_

**IN CASE OF EMERGENCY, WHEN NEITHER PARENT IS AVAILABLE, WE SHOULD CONTACT:**

**\*\*Name:** \_\_\_\_\_ **\*\*Phone:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Church You Attend: \_\_\_\_\_

If no Membership, please give Church preference: \_\_\_\_\_

**\*\*ANY KNOWN ALLERGIES (FOOD, BEE STINGS, ETC.)?** \_\_\_\_\_

Does your child have any disabilities, any medical conditions, or any additional information his/her teacher should be aware of?  
\_\_\_\_\_

Does your child have special needs that need to be brought to our attention? If yes, then please list below:  
\_\_\_\_\_

For Office Use: Registration Paid: _____ Check #: _____ Date Paid: _____ Initials: _____ Entered: _____
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**\*A copy of your child's immunization record will be required upon entering Mother's Morning Out (MMO)\***

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

Please indicate which days you would like to enroll your child in order of preference. Please number them as follows: ***#1 as your first choice, #2 as your second choice, and #3 as your third choice.*** We will **try** to accommodate your 1<sup>st</sup> choice, but if not available, we will offer the next available spot according to your choice.

\_\_\_\_\_ 5 Day (Monday through Friday) \$500

\_\_\_\_\_ 3 Day (Monday, Wednesday, and Friday) \$340

\_\_\_\_\_ 2 Day (Tuesday and Thursday) \$245

**A non-refundable registration fee of \$150 must accompany this application. (No refunds EXCEPT if space is unavailable).**

Please make your check or money order payable to:

**Pleasant Grove Baptist Church MMO or PGBC MMO**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_