



Highland's Mother's Morning Out
1160 Highland Colony Parkway
Ridgeland, MS 39157
601-853-0636

Child's Name: _____ Male _____ Female _____

Address: _____ City _____ State _____ Zip _____

What name does your child prefer to be called? _____

Birth date: _____ Age: _____ (as of Sept 1, 2020)

Select which program you prefer:

_____ 6 to 12 month _____ 13 to 18 months

_____ 19 to 24 months _____ 2 Year Old Class

_____ 9:00 to 12:00 - One Day: _____ Tuesday _____ Thursday \$85.00 a month

_____ 9:00 to 2:00 - One Day: _____ Tuesday _____ Thursday \$105.00 a month

_____ 9:00-12:00 - Tuesday -Thursday \$160.00 a month

_____ 9:00-2:00 - Tuesday -Thursday \$200.00 a month

_____ 7:30 - 8:45 - Early Room _____ One Day - \$20 a month _____ Tues _____ Thurs

_____ 7:30 - 8:45 - Early Room _____ Two Day - \$40 a month

_____ Three Year Old Class _____ Four Year Old Class

_____ 9:00-12:00 - Tuesday -Thursday \$160.00 a month

_____ 9:00-2:00 - Tuesday -Thursday \$200.00 a month

_____ 7:30 - 8:45 - Early Room _____ One Day - \$20 a month _____ Tues _____ Thurs

_____ 7:30 - 8:45 - Early Room _____ Two Day - \$40 a month

Mother's Name: _____ Father's Name: _____

Cell Phone: _____ Cell Phone: _____

Business: _____ Business: _____

Work Phone: _____ Work Phone: _____

Home Phone: _____ Home Phone: _____

E-mail Address: _____ E-mail Address: _____

Religious Affiliation: _____ Religious Affiliation: _____

Names and ages of siblings: _____

Local emergency contacts and phone numbers if we are unable to reach parents:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Does your child have any allergies or special needs: _____

In case of a medical emergency: Doctor: _____ Telephone Number _____

Insurance Name _____ Policy Number _____

Insurance Telephone Number _____

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

Parent's Signature: _____

The following people are authorized to pick up and drop off my child/children:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

I understand that acceptance of this enrollment form and the registration fee of \$100.00 assures my child a place in HMMO for the school year 2020/21, subject to the rules and regulations of the program. I have read the policy statement and am in agreement. I understand that should I decide not to send my child to HMMO the registration fee is non-refundable. I also understand that beginning May 1, 2020 I will be responsible for the full year of tuition should I need to release my spot and it cannot be filled.

Parent's Signature _____ Date _____

For office use only:

Date Received: _____ Highlands Member _____ Previous Student _____

Form 121 _____ Reg. Fee _____ Accepted _____ Waiting list _____

Acceptance Letter: _____ Summer Information _____