

**Mom's Morning Out Nursery School**  
Fonda Reformed Church  
19-21 Broadway, P.O. Box 536, Fonda, NY 12068  
**Student Information for 2025/2026**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Allergies/Medical Alerts: \_\_\_\_\_

Are there food/drinks that your child should avoid? \_\_\_\_\_

Please share any other pertinent information about your child here: \_\_\_\_\_

Names and ages of siblings: \_\_\_\_\_

\*Parent 1 Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer's Name & Address: \_\_\_\_\_

\*Parent 2 Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer's Name & Address: \_\_\_\_\_

\*Or Guardian's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer's Name & Address: \_\_\_\_\_

Please list all persons, other than parents, whom **you give permission to drop off or pick up your child** from Mom's Morning Out.

(Name)	(Relationship)	(Cell Phone)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Office Use Only)

Received : \$ \_\_\_\_\_ Cash or \$ \_\_\_\_\_ by Check # \_\_\_\_\_ on \_\_\_/\_\_\_/\_\_\_ Said amount is a deposit towards the September, 2025 tuition for the Mom's Morning Out Nursery School Program and **is non-refundable once the student has been enrolled.**

Deposited: \_\_\_/\_\_\_/\_\_\_ by: \_\_\_\_\_ Acceptance letter mailed on \_\_\_/\_\_\_/\_\_\_