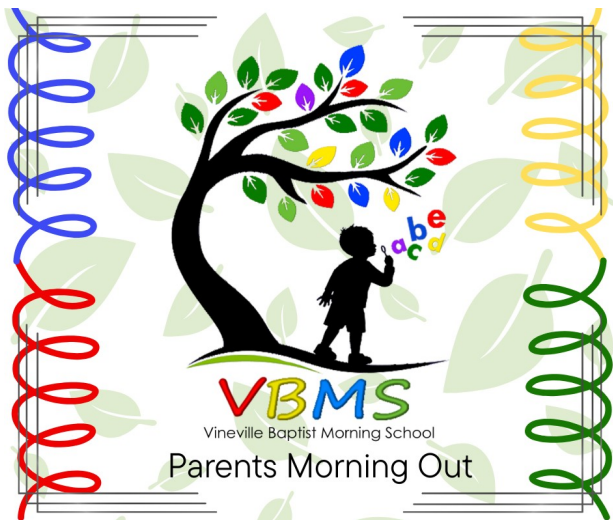




**Parents Morning Out:
Christmas Break Childcare**
for children ages 6 weeks - 24 months.

**Select the days you would like
for your child to attend!**
Spaces are limited, enroll today!

	VBMS Parents Morning Out Christmas Break Childcare 2025	
Ages	6 weeks to 24 months	
Dates	Dec 22, 23, 29, 30, 31st	
Time	8:25am -12:15pm (drop off between 8:25-9am)	
What to Bring Each Day	1. "nut free" lunch/snack and/or bottle and/or water cups. 2. Dress children in comfortable clothes and shoes. 3. Send a change of clothes to keep in their cubby with extra diapers and wipes.	
Cost	\$20 Registration per child and \$35 per day for childcare <u>Select Days:</u> ☐ Monday Dec 22 ☐ Tuesday Dec 23 ☐ Monday Dec 29 ☐ Tuesday Dec 30 ☐ Wednesday Dec 31	Registration due 12/2 Full Payment due 12/12 TOTAL DUE: _____

Child's Name _____ **Age** _____ **D.O.B** _____

Home Address _____ **C/S/Z** _____

Parents: Mother: _____ **contact #** _____

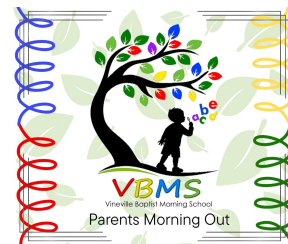
email: _____

Father: _____ **contact #** _____

email: _____

Or Guardian: _____ **contact #** _____

email: _____



Child's Name _____

Christmas Break 2025

Other people who are allowed to pick up the child from camp:

KNOWN ALLERGIES _____

SPECIAL INFORMATION _____

PERMISSION FOR EMERGENCY CARE

Vineville Baptist Morning School staff has permission to obtain emergency medical treatment for my child.

Parent Signature: _____

In case of an emergency or illness the best phone number to contact:

Name _____ Relationship _____ # _____

Please initial

_____ I give VBMS permission to take photos of my child to be used in artwork, brochures, publications, the website, and Facebook Page without their name.

_____ I understand that I am financially responsible for all the dates I have selected.

_____ I understand that VBMS reserves the right to dismiss a child if, after entering the program, the child is unable to satisfactorily adjust in group experiences or disrupts the class environment, if weekly tuition is not paid, or if my child is violent towards other students.

_____ I understand that my child cannot attend PMO if they had a fever within the last 24 hours, are throwing up, dealing with an upset stomach which requires frequent diaper changes, or if they have symptoms consistent with a communicable illness i.e. pink eye, covid, etc.

_____ I understand that I am to supply my child with a nut-free lunch/snack, milk/formula, bottle/drink, and/or a water bottle each day. I understand that no meals are provided by VBMS.

Parent Signature: _____