

Nine Weeks of summer childcare and enrichment opportunities for infants and toddlers, 6 weeks - 24 months in a loving Christian environment.

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

VBMS Parents Morning Out Summer 2025	
Ages	6 weeks to 24 months
Dates	May 27-Aug 1 Monday - Friday <i>(May 26th is a holiday and the week of July 4th; we will be closed)</i>
Time	8:25am -12:15pm (drop off between 8:25-9am)
What to Bring Each Day	1. "nut free" sack 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	Select One Option: <input type="checkbox"/> All 9 weeks for 2 equal payments of \$370 (\$740 total) <input type="checkbox"/> "Select-a-week" using the back side of this page Total from Back Side: \$_____

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

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

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

email: _____

Father: _____ **contact #** _____

email: _____

Or Guardian: _____ **contact #** _____

email: _____

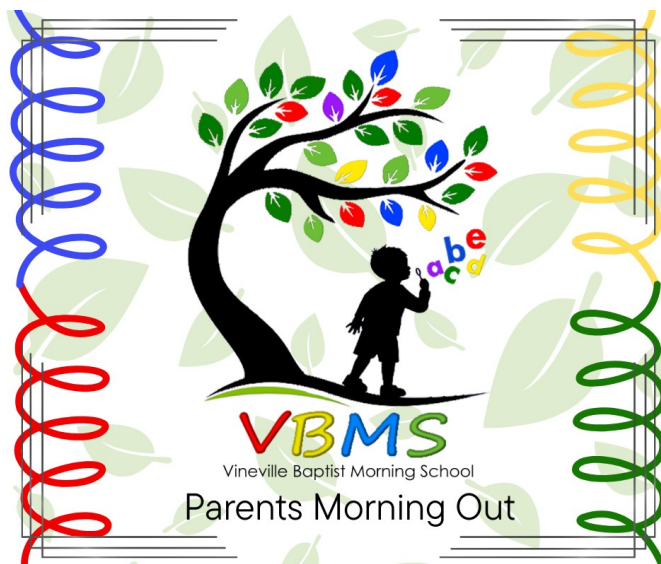
Other people who are allowed to pick up the child from camp:

KNOWN ALLERGIES _____

SPECIAL INFORMATION _____

Student Name:	ID#
---------------	-----

Dates	Option 1: All 9 Weeks	Cost
ALL	Option 1: All 9 weeks May 27 - Aug 1 \$740 total - Billed as \$340 due on June 1 and \$340 due on July 1	
Dates	Option 2: Circle your Selected Weeks	Cost
May 27-30 TUESDAY- FRIDAY	Circle your attendance Plans: All Week for \$80 Parent Notes:	
June 2-6	Circle your attendance Plans: All Week for \$100 Parent Notes:	
June 9-13	Circle your attendance Plans: All Week for \$100 Parent Notes:	
June 16-20	Circle your attendance Plans: All Week for \$100 Parent Notes:	
June 23-27	Circle your attendance Plans: All Week for \$100 Parent Notes:	
July 7-11	Circle your attendance Plans: All Week for \$100 Parent Notes:	
July 14-18	Circle your attendance Plans: All Week for \$100 Parent Notes:	
July 21-25	Circle your attendance Plans: All Week for \$100 Parent Notes:	
July 28-Aug 1	Circle your attendance Plans: All Week for \$100 Parent Notes:	



Child's Name _____

SUMMER 2025

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 I have 2 options: to select the whole summer for 2 equal payments, or "select-a-week" which will be billed weekly, due on the Friday before the selected week.

_____ 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: _____