



First United Methodist Moms Morning Out

We believe each child is a gift of God—a special, unique and precious person—valued for their own intrinsic worth.

Child's Name	DOB	Age	M/F	Allergies

Parent/Guardian Information

Parent Name	Home Address (Street, City, ZIP)		
Parent/Guardian Home Phone	Cell Phone	Email	

Parent/Guardian Information

Parent Name	Home Address (Street, City, ZIP) If different from above.		
Parent/Guardian Home Phone	Cell Phone	Place of Employment	Work Phone

I would like my child to attend:

Schedule Offered:

Moms Morning Out
(9 am – 12:15 pm)

M, W

T, TH

M-TH

Children enrolling in Moms Morning Out must be 18 months old by October 1st.

\$100.00 Registration fee & 1st Month tuition are both required to secure space in a class. Both are non-refundable.

For Office Use Only

Registration Fee _____ 1st Month _____ Check # Amount _____
 Tuition Amount: _____ Start Date: _____ Teacher: _____



FUMC Permissions and Policies

Please list those people who are authorized to pick up your child **excluding yourself**. The people listed below must present ID in order for our staff to release your child. **NO EXCEPTIONS** will be made regarding this policy.

Those authorized to pick up child:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Emergency contact (In the event we are not able to reach a parent... we will call this number first.)

Name: _____ Phone #: _____

Permissions and Policies:

I give my permission to First United Methodist Church to take pictures or videos of my child. These pictures and videos will be used by the teacher and school only. These photographs and videos will not be used for any publicity.

Parent Signature: _____ Date: _____

I _____ give permission for an FUMC Preschool Staff member to apply Lubriderm Hand Lotion to my child, _____, hands for the prevention of dry skin.

Parent Signature: _____ Date: _____

I have received a copy of the Parent Handbook. I understand that the program reserves the right to terminate services if policies and procedures are not followed.

Parent Signature: _____ Date: _____



Parent Medical Authorization

I hereby grant permission for steps to be taken as are necessary to obtain emergency medical care for my child. These steps include, but are not limited to:

1. Attempt to contact the parent/guardian.
2. Attempt to contact child’s physician.
3. Attempt to contact a parent through emergency contact people listed on registration form.
4. In the event that we cannot contact your child’s physician, we will do any or all of the following:
 - A. Call another physician
 - B. Call an ambulance
5. Any expense incurred under item #4 will be the responsibility of the child’s family.
6. The school will not be responsible for anything that may happen as a result of false or incomplete information given at the time of enrollment.
7. The school will not assume responsibility for a child who has not been signed in by an adult upon arrival at the school.

I hereby agree to comply with the above policies and procedures and allow for the release of medical information provided by me to the school should such an emergency occur.

Child’s Name: _____

Parent’s Signature: _____ Date: _____

Other Medical Information:

Regular Physician: _____ Phone #: _____

Preferred Hospital: _____ Phone #: _____

Insurance Information

Company: _____ Policy #: _____

I would like more information about First United Methodist Church **YES** **NO**