

Myrtle Grove United Methodist Church
Mother's Morning Out
Registration Form for school year _____ - _____

Child's Full Name: _____ Birth date: _____

Address: _____
Street City State Zip Code

Home phone# _____ Email address: _____

Mother's Name: _____ Employer: _____

Cell phone# _____ Work phone# _____

Father's Name: _____ Employer: _____

Cell phone# _____ Work phone# _____

Medical Information

Pediatrician: _____ Phone# _____

Hospital Preference: _____

List any allergies your child may have (substances & reactions i.e. hives, itchy eyes, etc.)

Any pre-existing or present medical conditions? _____

Any dietary restrictions? _____

Please include any additional information you feel will help us better care for your child:

Contacts

Your child will be released only to the custodial parent or legal guardian & the person(s) listed below. The following person(s) will also be contacted & are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason the custodial parent or legal guardian cannot be reached. (There must be at least two people listed.)

Name	Relation to child	Phone #'s
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Pick-up password _____ (for over the phone changes to pick-ups-see Parent Handbook)

Parent Handbook and Forms

I have read, understand and agree to the policies stated in the MMO Parent Handbook. I verify that the information provided on this form is accurate and complete. I have received brochures of Know Your Child Care Facility, Influenza Virus, Getting in & getting Out, Distracted Adult.

Signature: _____ Date: _____

Medical Release

In the event of a medical emergency where I cannot be reached, I give permission to the MMO staff to secure necessary medical treatment for my child.

Signature: _____ Date: _____

Tuition Agreement

I agree to pay my child's monthly tuition of (\$180/3day), (\$140/2 days), per child, on the 1st of each month (August-May). If the tuition is not paid by the 10th of the month, I will owe a \$10.00 late fee. If the tuition and late fee are not paid by the 15th of the month, my child may be dismissed from the MMO program.

Signature: _____ Date: _____

Photo Release

I do, or do not, allow the MMO program to use my child's photograph in the following:

(Please check one for each)

_____ I allow _____ I do not allow –use on MGUMC/MMO website and/or MGUMC/MMO brochures

_____ I allow _____ I do not allow –use in classrooms and/or hallways of MMO program (i.e. cubbies /bulletin boards)

_____ I allow _____ I do not allow –use in private Facebook group MMO@MGUMC

Signature: _____ Date: _____

Snack List

This is a list of the snacks that we will have during the school year. Please cross out what you do not want your child to have and list on the bottom what foods your child is allergic or sensitive to. Thank you!

Animal crackers
Goldfish crackers
Graham crackers
Cereal (i.e. Fruit Loops, Cheerios)
Water

Cookies, cake, cupcakes (we will have these kinds of sweet treats only on special occasions, like birthdays and/or holidays.)

My child _____ has the following food allergies and / or sensitivities: _____

I have read the above and approve of this snack list.

Parent/ Guardian signature

Date