

West Jefferson UMC Parent's Morning Out Registration Form

Name of Child: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age as of Aug 27, 2018: \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

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

Other Children in the Family & their ages: \_\_\_\_\_

\_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Has the child ever attended daycare/preschool before? If yes, where \_\_\_\_\_

Does your child present any behavioral or developmental concerns? If yes, please explain:

\_\_\_\_\_

Any Known Allergies: \_\_\_\_\_ Asthma: \_\_\_\_\_

Please list any special medical information such as allergies, reactions, disabilities, etc. and/or other important information that may be helpful for the teacher to know:

\_\_\_\_\_  
\_\_\_\_\_

Person(s), other than parents, we may call in case of emergency or illness: (Contacts must be within a 30-mile radius)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Person(s) who have permission to pick up your child from school:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

I give permission for my child, \_\_\_\_\_, to be taken to the nearest emergency room for treatment should there be an emergency situation in which we are unable to reach either parent.

It is my responsibility to keep this form updated and if changes need to be made I will contact Parent's Morning Out staff.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Requirements:

A non-refundable \$50 registration fee must be paid at time of registration to hold a spot for your child and last month's tuition which will be refunded if you dis-enroll by July 31, 2018

Children must be the class age by August 27st.

It is expected that 3's and 4's will be toilet trained.

Every child must have a certificate of immunization on file by at least 30 days after enrollment.

Monthly Fees: 2 year old class: \$190/month    3&4 year old class: \$175/month  
5% discount for siblings