

**West Jefferson United Methodist Church Parent's Morning Out
Registration Form 2018-2019**

Name of Child: _____ Sex: _____

Date of Birth: _____ Age as of August 31, 2018: _____

Address: Street _____

City: _____ State: _____ Zip Code: _____

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 and ages: _____

Church Affiliation: _____

Has the child ever attended preschool/childcare 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 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 number: _____ Address: _____

Name: _____ Relationship: _____

Phone number: _____ Address: _____

Name: _____ Relationship: _____

Phone number: _____ 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 any changes need to be made I will contact the Parent's Morning Out Staff.

Parent Signature: _____ Date: _____

Registration Requirements:

- A non-refundable \$50 registration fee must be paid at the time of registration to hold a space for your child and August pro-rated tuition of \$45 for a total of \$95.
- It is expected that 3s and 4s will be toilet trained.
- Every child must have a certification of immunization and health statement from their doctor on file when child is enrolled.
- Monthly Fees: 2 year old class: \$190/month 3&4 year old class: \$175/month
5% discount for second sibling enrolled
- Form and check may be mailed to: PO BOX 826, West Jefferson, NC 28694