2026-2027

What: MUMs (Moms Uplifting Moms)

Who: Moms of Young Children

When: 1st & 3rd Wednesday of Each Month (September-May)

Time: 9 a.m. – 11 a.m.

Where: First Missionary Church
950 US 27 South
Berne, IN 46711

Why: Enjoy fellowship with other moms.

Childcare is provided by loving volunteers during the MUMs meetings. Due to limited space in the children's program, early registration is recommended. Details about the children's program are attached. Childcare is provided for children infant – 5 years old, dependent on volunteer availability.

Registration Dates		June 15 - Dec. 31	Joining Later in Year (After Jan. 1)
Registration Fee		$50	$25

Completed registration form and payment can be given or mailed to:

First Missionary Church
PO Box 365
Berne, IN 46711

*** Make checks payable to First Missionary Church.***

First Missionary Church: 260-589-2991

M.U.M.S CHILDREN'S PROGRAM GUIDELINES

For the safety and well being of all children, teachers, and helpers, the following policies have been adopted for the M.U.M.S children's program.

- No child will be admitted to the children's program without the completed children's program registration and medical release forms.
- Please label all belongings, including blankets, bottles, pacifiers, and diaper bags.
- Children's program workers will not administer any medication, including over-the-counter medications. If your child needs medicine, you will need to administer it.
- Please do not bring your child to the M.U.M.S children's program if he/she has any of the following:
    - Fever of 100.5F or higher in the last 24 hours
    - Runny nose with discharge other than clear in color
    - Diarrhea or vomiting in the last 24 hours
    - Pink eye, chicken pox, or open sores
- Children may be admitted if they have been on antibiotics for at least 24 hours.
- We ask that you do not frequently "peek in" on your child. If you are needed, a children's program volunteer will come for you.
- Any child who is continually disruptive, as defined by that age group's teacher, will need to seek alternate care while his/her mother attends M.U.M.S.
- Please pick up your child promptly after the closing of the meeting.
- We ask that all infants be at least 8 weeks old before attending the M.U.M.S children's program. However, feel free to take your newborns to the M.U.M.S meetings with you. As your child grows, allow us to care for your little ones as we care for you. In order for everyone to enjoy their M.U.M.S experience to the fullest extent, we prefer that all children six months and older be cared for by our screened staff of volunteers or that alternative childcare be arranged. You will be notified immediately if your child needs you.

MUMs Registration Form 2026-2027

First Name:_____ Last Name:_____

Phone: (_____)_____ E-Mail Address: _____

Home Address: _____

City:_____ State:_____ Zip Code:_____

Mom's Date of Birth: _____

Husband's Name (if applicable): _____

Do you attend a church? Yes or No If yes, where? _____

Please list all child(ren)'s names, birth dates, and ages:
(MUMs childcare is provided for infants – 5 years old. Please mark if your child will need childcare while you participate in MUMs. Childcare is provided as we have volunteer availability.)

Name: _____ Date of Birth: _____
Sex: Male / Female Will come to MUMs: Yes / No

Name: _____ Date of Birth: _____
Sex: Male / Female Will come to MUMs: Yes / No

Name: _____ Date of Birth: _____
Sex: Male / Female Will come to MUMs: Yes / No

Name: _____ Date of Birth: _____
Sex: Male / Female Will come to MUMs: Yes / No

Name: _____ Date of Birth: _____
Sex: Male / Female Will come to MUMs: Yes / No

Name: _____ Date of Birth: _____
Sex: Male / Female Will come to MUMs: Yes / No

Emergency Contact
Name_____ Phone _____

Relationship_____

Please indicate if you have any talents or special interests that you may be willing to share: (i.e. sing, play instrument, teach a skill, or a specific story or experience you'd be willing to share):

_____

_____

Do you know someone be who might be interested in speaking to our MUMs group?

_____

Please indicate any areas of MUMs you would be willing to help with this year:

_____Crafts _____Hospitality _____Children's Program _____Publicity

Do you know someone who might volunteer for the MUMs children's program?

Name: _____Phone Number:_____

Email:_____

Name: _____Phone Number:_____

Email:_____

M.U.M.S CHILDREN'S PROGRAM DISCIPLINE POLICY

Step 1 – Explain to the child his/her behavior is not acceptable.
Step 2 – Age appropriate Time-Out on a chair in the classroom.
Step 3 – Notify M.U.M.S Children's Program Coordinator who will have child's mother pick up child.

I have read and accept the M.U.M.S Children's Program Guidelines, Emergency Medical Release Form, and Children's Program Discipline Policy. I further release FMC staff, M.U.M.S volunteers, coordinators, and members from any and all liability.

Signature of Parent: _____ Date _____

RELEASE FORM

Adult/Child, named above, has my permission to attend MUMs September 2026 – May 2027. I give my permission for them to receive emergency medical treatment.

I/We agree by signing this waiver that I/We will not hold First Missionary Church of Berne, Indiana as a group or individually responsible for any accident(s) to me or my child. Any damage or loss to me or my child or personal equipment and any damages caused by me or my child will be my responsibility to repair those damages. I/We agree not to hold First Missionary Church of Berne, Indiana as a group or individually liable or responsible for any financial loss or to pursue any legal action against First Missionary Church of Berne, Indiana as a group or individually.

Signature of Parent: _____ Date _____

Office Use: Date Payment Received _____

Office Use: Date Entered in Elexio _____