



Sponsored by First United Methodist Church
212 3rd Street North, St. Petersburg, FL 33701
Director of Children's Ministries: Lora Ulrich
727-894-4661 ext. 2125

Welcome to Parents' Morning Out, a program sponsored by the Children's Ministry of First United Methodist Church. We offer a faith-based Parents' Morning Out program for children 3 months to 23 months by September 1 (of the enrollment year). A child who turns two before Sept. 1 is expected to move on to preschool in the fall of that year. We have two, background-checked, adult-staff who work each day and provide a safe and loving environment where infants and young toddlers can play, explore and create. Teachers engage children in developmentally appropriate activities including art, story time, music/movement and free play. The schedule introduces some structured activities but continues to meet all of the children's daily needs.

We are open Monday through Friday, from 9:00 a.m. to 12:00 p.m. Drop off may begin as early as 8:50 a.m. We encourage parents not to be later than 9:15 when dropping off their children because it is disruptive to the other children already there.

There is a \$20 registration fee to cover the cost of snacks and supplies. We ask parents to provide and particular dietary items that they prefer. We also require parents to provide diapers and wipes. The daily fee is \$20.00 for one child or \$30 for two (siblings). Payments can be made each day or billed monthly. There will be a \$10 late fee for payments not made by the 5th of the following month. The program runs from August through May and follows the public school calendar for holiday and weather closings.

Daily enrollment is limited to 10 children with 2 adult caretakers. Children will be accepted on a first come, first serve basis. There are no reservations or spots saved. We are a 3 hour per day "drop in" program, therefore, we are not monitored by the Pinellas County License Board. Parent's Morning Out is intended to be a "drop-in" program and not "day care". Your cooperation in these policies will be greatly appreciated and helpful in following the Licensing guidelines!

Parent's Morning Out Policies...

- **Sick Policy**-Please **do not bring a sick child** into the Nursery. Signs of illness are: Unusual fatigue or irritability, coughing, sneezing, runny nose and eyes, fever, vomiting or diarrhea, inflamed mouth or throat, thick yellow or green nasal drainage.
- **Birthdays**-We happily celebrate birthdays, but please hold the icing! Muffins, brownies, and cookies in special shapes are a big treat at this age. Please let us know in advance if you plan to bring in a special treat to celebrate.
- **Snack/drinks**-Parents are required to provide a drink in a sippy cup or bottle each day. Please label all items for your child.
- **What to Bring**-Please send your child with a **labeled** diaper bag with extra diapers, change of clothes for accidents, and any special snack and sippy cup or bottle with formula. Please label all jackets and sweaters. Your child is allowed a pacifier or other security; however, we do discourage bringing in toys from home.

If you need to pick up early, please let us know. If someone other than yourself will be picking up your child, you *must* tell the caregivers when you drop your child off and have in writing who will be picking them up.

We look forward to an exciting and developmentally stimulating year. Thank you for your interest in our program and for sharing your child with us. It is very rewarding for us to watch your child grow and we feel blessed to be a part of their lives.

In His Name,
Lora Ulrich
Director of Children's Ministries
First United Methodist Church

2017-17 PARENTS' MORNING OUT APPLICATION

CHILD INFORMATION

Name:		Church Affiliation:	
Date of Birth:	Age as of 9/1/17:	Gender:	
Address:			
City:	State:	Zip	

PARENT INFORMATION

Mom:		Dad:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Email:		Email:	

EMERGENCY CONTACTS

Name:			
Relationship:		Phone:	
Name:			
Relationship:		Phone:	

PERSONS ALLOWED TO PICK UP YOUR CHILD

Name(s):

SIBLING INFORMATION

Name:	Age:	School:
Name:	Age:	School:

MEDICAL INFORMATION

Physician:	Phone:
Dentist:	Phone:
Any Known Allergies?	
Symptoms:	
Special Needs, Disabilities, or additional Health Information?	
Date of Last Check-up?	Up to Date on Vaccines?

EMERGENCY MEDICAL AUTHORIZATION

Should the child named above suffer an injury or illness while under the care of First United Methodist Church, and the Director of the Parents' Morning Out Program is unable to contact me/us immediately, First United Methodist Church shall be authorized to secure medical attention and care as may be necessary. I/we assume responsibility for payment of services. I/we authorize All Children's Hospital to provide emergency treatment. I/we understand that this hospital may route an emergency vehicle elsewhere if they cannot accommodate the ambulance. I/we agree to keep FUMC informed of all changes in telephone numbers where I/we can be reached.

All fees paid daily or billed monthly
 No credits, refunds, or adjustments. All payments must be cash or personal check.
 ***We ask that drinks, diapers and wipes be provided by parents. Thank you in advance.

Signature of Parent/Guardian:	Date:
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