

Heritage United Methodist Church

Mother's Day Out



Childcare Registration Form

2020-2021

__Monday/Thursday 9:00-1:00

__Monday/Thursday 9:00-2:00

Child's Name _____ Circle: Male Female

Date of Birth _____ Age (as of 9/1/20) _____ months

- All immunizations must be up to date with the "Certificate of Immunization Compliance" Form I21.
This form must be turned in prior to beginning in the fall and kept current throughout the year.

Parents: Mom: _____ Cell # _____

Employment _____ Phone # _____

Dad: _____ Cell # _____

Employment _____ Phone # _____

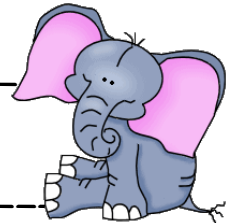
Home Address: _____



E-Mail Address: _____

Are you a member of Heritage United Methodist Church? Yes No

If not, which church does your family attend? _____



Please list the names and ages of any brothers & sisters:



Please list at least two local relatives or friends who may be contacted in the event of an emergency. We will contact these individuals only when the parent cannot be reached.

Name _____ Relationship to Child _____ Phone # home: _____

Address _____ Work: _____

Cell: _____

Name _____ Relationship to Child _____ Phone # home: _____

Address _____ Work: _____

Cell: _____

Office Use: Date Received _____ Age Group: Elephants ___ Lions ___ Giraffes ___
Registration Fee Paid \$75 ___ check # _____ Immunization form I21 _____

We appreciate you and your family joining us in this exciting ministry. Please know that your child will be loved and pampered while he/she is with us. Our mission is to provide your child with a safe and fun place to be while you are away. To achieve our goals, we need your assistance. Please take a minute to review and complete this information.



* Please state any allergies or health concerns _____

* List any special adaptations that are necessary for your child to participate effectively within the MDO program _____

* List any other information regarding your child's care _____

Occasionally we might photograph children for publicity or use on our HUMC web page.

I ___do ___do not give permission for my child, _____
to be photographed during MDO at Heritage United Methodist Church.

Signature _____

I have received a brochure concerning the MDO policies and procedures. I have read and agree with these policies.

Signature _____

I understand that all precautions will be taken to ensure the safety and well-being of my child, and that staff will be conscientious in caring for my child. I do further authorize the adult in charge to render or have rendered any necessary or emergency medical treatment as needed. I understand that I, or the emergency contact person, will be notified immediately if my child is hurt or becomes ill.

Signature _____

Date _____