

**Williamsburg United Methodist Church
Kid's Morning Out**



Dear Parents/Caregivers:

We are delighted that you are considering the Williamsburg United Methodist Church Kid's Morning Out program for your child. Our infant/toddler programs introduce your child to socialization and the very first building blocks to get ready for preschool with an emphasis on learning through play and language development. This gives you, the caregiver, much needed free time while your child is receiving nurturing care in a happy and secure environment.

We are pleased to introduce the newly restructured **Kid's Morning Out** program (formally known as Mother's Day Out). Serving children from 12 – 30 months old, KMO runs from 9am-12pm Monday through Friday following the WJCC public school calendar.

For those familiar with the previous program, several things have changed. First, parents/caregivers are no longer required to assist in the classroom. Additionally, snacks and drinks will now be provided. Lastly, the ages served has shifted slightly to 12-30 months by September 30, 2018.

Acceptance of children and class placement is handled on a *first come first serve* basis after the following has been received: The attached registration packet and \$50 non-refundable registration fee (payable by cash or check).

Classes and prices for the 2018-2019 school year are as followings:

****All students must be between 12-30 months by September 30, 2018****

Mornings: 9:00 am-12:00pm Monday through Friday

Classes: Sprouts (12 -20 Months) and Seedlings (21 - 30 Months)

Prices: Tuition is due monthly, based on number of days enrolled per week, and payable by cash or check only.

One day per week - \$80, Two days - \$160, Three days - \$240, etc.

Once your registration has been submitted, you will be contacted with your classroom and day assignments. A brief Paperwork Appointment will be scheduled to meet the director and gather all necessary information. Please be prepared with the following documentation: Original birth certificate, School Entrance Health Form, Immunization records, and any additional medical documents if necessary. This will allow us to begin the year with everything we need, and get us off to a smooth start!

We look forward to a fantastic new year for our first KMO kiddos!!!

Thank you!

Laura Pittman
Director of Kid's Morning Out
Williamsburg United Methodist Church



**Kid's Morning Out Registration Form
2018 - 2019**

Date Received _____

Child's Name _____ (Called) _____ Sex _____

Date of Birth _____ Age of Child as of September 30, 2018 _____ Months

Parent's name: Mother _____ Phone H/C _____ Work _____

Father _____ Phone H/C _____ Work _____

Caregiver _____ Phone H/C _____ Work _____

Address: _____ City _____ Zip Code _____

Contact E-mail: _____

Names and Ages of Siblings: _____

*****Children must be 12 months of age through 30 months of age by September 30, 2018*****

How many days of care are you seeking? _____

Mornings 9:00 am – 12:00 pm. Please indicate 1st, 2nd and 3rd choice of day wanted:

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

Emergency Contacts:

Name _____ Relationship _____ Phone number _____

Name _____ Relationship _____ Phone number _____

Name _____ Relationship _____ Phone number _____

In case of the need for emergency treatment, this form may be released to the Emergency Room Staff.

Signature: _____ Date: _____

Hospital Preference, in case of emergencies: _____

1. Child's Doctor and phone number: _____

2. Does your child have any of the following conditions? If so, please explain. (A) Allergies (food, insect bites, seasonal), (B) frequent sore throats, (C) earaches, (D) skin problems/sensitivities, (E) other:

3. Does your child require an EpiPen, inhaler, or other medication to be administered during care? _____

***If yes, please complete additional medical form.**

Physical and Language Development:

1. Does your child walk? _____ Walk well? _____
2. Does your child talk? _____ Talk well? _____
3. Common "words": _____

Experiences and Relationships:

1. What are his/her favorite toys _____
2. Favorite songs/stories _____
3. Favorite foods _____
4. Previous small group experiences _____
Sunday school _____
5. Does your child have any particular behaviors we should know about? _____

6. Any fears? _____
7. Have there been any changes at home that might affect your child while in our care? (New home, recent move, new baby, parent absent due to work/deployment/etc., separation, divorce, etc.)

Toilet Habits:

1. Has your child begun potty training? _____
2. Does your child tell you or exhibit behaviors when he/she needs to go? If so, what words or behaviors?

FOR OFFICE USE

____ Birth Certificate

Document Number: _____

Location: _____

Management Verified: _____

____ Immunization Records

____ School Entrance Health Form

How did you hear about us? _____