

Mother's Day Out Program

**2023 - 2024 Registration Form**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex: → Female → Male

**Child's Age as of Sept. 1, 2023** - \_\_ years and \_\_ months

Child's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Parent Name (1<sup>st</sup> Contact)** \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

1st Contact Ph #: \_\_\_\_\_ 2nd Contact Ph. # : \_\_\_\_\_

Parent email: \_\_\_\_\_

**Parent Name (2<sup>nd</sup> contact):** \_\_\_\_\_ Driver's License: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

1st Contact Ph #: \_\_\_\_\_ 2nd Contact Ph. # : \_\_\_\_\_

Parent email: \_\_\_\_\_

Do both parents live with this child? → Yes → No

An Additional Emergency Contact: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

1st Contact Ph #: \_\_\_\_\_ 2nd Contact Ph. # : \_\_\_\_\_

Office Use Only

→ Registration Paid

→ 1<sup>st</sup> month Tuition Paid

Start Date: \_\_\_\_\_

Withdrawal Date: \_\_\_\_\_

Reason: \_\_\_\_\_

# Tuition and Fees Schedule

(a copy of this schedule is in your Parent Handbook)

## **Non – refundable Registration Fee: \$150.00**

- Registration is for the current school year and must be renewed annually. The registration fee is due at the time of enrollment and is non-refundable.

## **Monthly Tuition - \$240.00 per child**

**\$20.00 Discount on 2nd and 3rd Children**

**September 5, 2023 - May 16, 2024 / Tuesdays & Thursdays / 9:00 am to 3:00 pm**

- Full tuition is due by the 1st of each month and is considered late on or after the 5th of each month.
- Tuition is figured on an annual school year basis. The amount is not flexible with long or short months. Refunds or reductions are not available for the time a child is absent. School starts in September and ends in May with MOST holidays following the Taylor ISD school calendar.

## **Other Fees:**

Tuition Late Fee (after the 5<sup>th</sup> of the month) = \$15.00

Returned Check Fee = \$35.00

I understand the above Tuition & Fees policy

Child's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Parent or Legal Guardian Name (please print) \_\_\_\_\_

Parent or Legal Guardian Signature \_\_\_\_\_

First United Methodist Church

MOTHER'S DAY OUT  
Photo Release Form

CHILDS NAME \_\_\_\_\_ Date: \_\_\_\_\_

There will be several occasions over the school year that pictures will be taken of the Mother's Day Out children, either by church members, MDO Staff, or by the Taylor Daily Press. Our program also has a Website and Facebook Page. Please sign this form indicating your wishes on posting your child's picture in printed media and/or social media.

Photo Release:

- ☼ I give FUMC MDO permission to take and publish photos of my child involved in fun and learning. These are displayed in school, used for art projects, sent home, used for school functions and attached to in weekly emails.
- ☼ I do NOT give permission for my child to be included in any of the MDO pictures displayed in school, used for art projects, sent home, used for school functions or attached to in weekly emails..

Parent/ Guardian Signature: \_\_\_\_\_

Social Media Release:

- ☼ I give FUMC MDO permission to take and publish photos and videos of my child involved in fun and learning. These are displayed on the FUMC MDO website and Facebook page.
- ☼ I do NOT give permission for my child to be included in any of the MDO pictures to be posted on the center's website or Facebook page.

Parent/ Guardian Signature: \_\_\_\_\_

Advertising Release:

- ☼ I give First United Methodist Church Mother's Day Out permission to use my child's photo in promotional publications, videos or on our web site.
- ☼ I do not give First United Methodist Church Mother's Day Out permission to use my child's photo in promotional publications, videos or on our web site.

Parent/ Guardian Signature: \_\_\_\_\_

## "Authorization To Pick Up" Form

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby authorize ***First United Methodist Church Mother's Day Out*** to allow my child to leave with the following persons.

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Contact Phone Number : \_\_\_\_\_

Secondary Contact Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Contact Phone Number : \_\_\_\_\_

Secondary Contact Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Contact Phone Number : \_\_\_\_\_

Secondary Contact Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Contact Phone Number : \_\_\_\_\_

Secondary Contact Phone Number: \_\_\_\_\_

First United Methodist Church Mother's Day Out

**Emergency Medical Care**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Please Print Clearly

Doctor's Name: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

**Are there any health issues or special needs we need to be aware of:**      ➔ **Yes**      ➔ **No**

**Does your child have any allergies?**      ➔ **Yes**      ➔ **No**

If yes, list any special problems that your child may have such as allergies, existing illness, previous serious illness, injuries, during the past 12 months, any medication prescribed for long-term continuous use, and any other information which staff should be aware of (use back or another sheet of paper if necessary)

\_\_\_\_\_  
\_\_\_\_\_

In the event that I cannot be reached to make arrangements for emergency medical attention, I give consent to First United Methodist Church Mother's Day Out, and the person in charge, to secure any and all necessary emergency medical care for my child.

We will not hold First United Methodist Church OR the Mother's Day Out Staff liable personally/ corporately for injury, that may occur, while in their care.

\_\_\_\_\_ Date: \_\_\_\_\_

(Signature of Parent or Guardian)

# Health Care Professional's Statement

Required before the first day of MDO.

Child's Name \_\_\_\_\_

Please check the appropriate box.

\_\_\_\_ I have examined the above named child within the past year and find that he/she is physically able to participate in the MDO child care program.

Professional's Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ phone # \_\_\_\_\_

\_\_\_\_ Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

\_\_\_\_ A signed and dated copy of a health care professional statement is attached.

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

**First United Methodist  
Mother's Day Out  
Medical Form**

Date form is filled out- \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Immunizations admission requirement before the first day of MDO

Please check the appropriate box.

\_\_\_\_\_ I have attached a current requirements record for my child

\_\_\_\_\_ I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official Notarized affidavit form developed and issued by the Department of State Health Services. I understand the affidavit is good for two years.

For more info: [http://www.state.tx.us/immunize/school\\_info.htm](http://www.state.tx.us/immunize/school_info.htm)

Parent or Legal Guardian Name (please print) \_\_\_\_\_

Parent or Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_