

Roswell United Methodist Church

Parents Morning Out Registration Form

Summer 2018

Infants & Toddlers

Registration Fee (non-refundable): \$25.00 for new PMO children
 \$25.00 craft fee for 12-36 months

Infant- (3-11 months)

1 Day --\$35 per day

T W Th F

2 Days - \$60.00 per week

T W Th F

(circle preferred day/days)

Toddler- (12-36 months)

1 day - \$30 per da

T W Th F

2 Days - \$50.00 per week

T W Th F

Currently Enrolled inPreschool: _____

RUMC Member: _____

Siblings of Enrolled inPreschool: _____

General Public: _____

Child's Name _____ **Name called** _____

Home Phone (____) _____ DOB _____ Male _____ Female

Address _____
 Street City State Zip

Mother's Name _____ **Business Phone** (____) _____

E-mail Address _____ **Cell Phone** (____) _____

Father's Name _____ **Business Phone** (____) _____

E-Mail Address _____ **Cell Phone** (____) _____

Are there any medical, (i.e. allergies, etc.) developmental, emotional concerns or any special procedures required for the care of your child? _____

Emergency Medical Contact:

 Child's Doctor Phone

Local Emergency Contact: (non-parent)

 Name Home Phone Cell or B usiness Phone

 Name Home Phone Cell or B usiness Phone

Authorized Pickup: (non-parent)

Name	Home Phone	Cell or Business Phone
------	------------	------------------------

Name	Home Phone	Cell or Business Phone
------	------------	------------------------

I hereby authorize Roswell United Methodist church to take my child to the nearest medical facility for treatment in the event of an emergency when neither parent can be reached.

I hereby authorize any licensed physician or medical treatment center to treat my child in case of an emergency on which noted physician cannot respond.

I, _____, parent(s)/guardian(s) of the above participant do hereby consent to his/her participation in the above program. In consideration of Roswell United Methodist Church conducting the above program, I do hereby release Roswell United Methodist Church and the program, including all officials, officers, sponsors, organizers, supervisors, volunteers, participants, and all other agents, of any and all claims, demands, rights, and causes of action of whatever kind and nature, arising from and by reason of, and all known and unknown, foreseen and unforeseen, bodily and personal injuries, damages to property, and the consequences thereof, resulting from his/her participation in the program and all activities incidental to the program.

Tuition

Payment must be received before drop-off the first day of each week in attendance.

Bring the following with you:

- **Form 3231 Immunization Form**
- A completed PMO Registration Form
- Tuition Fees, and Registration Fee

Signature

Date

FOR OFFICE USE ONLY

Immunization form _____

of weeks paid _____

Registration fee paid _____

Check # _____

Summer Schedule 2018

June 5-8

June 12-14

June 26-29

July 10-13

July 17-20

July 24- 27

July 31 – August 3