

**Roswell United Methodist Church  
Parents' Morning Out Registration Form  
Fall/Winter 2024-2025**

**Infant- (3-11 months)**

*Drop-off- \$45.00 day\_\_\_\_\_*

*1 Day --\$130.00 per month*

**T W Th F**

*2 Days - \$260.00 per month*

**T W Th F**

**Toddler- (12-36 months\*)**

*Drop-off \$40.00\_\_\_\_\_*

*1 day - \$105.00 per month*

**T W Th F**

*2 days - \$210.00 per month*

**T W Th F**

**\*18-36 month available only for children enrolled in RUMCK or on the Wait List.**

**Circle your preferred day/days**

**\*Registration Fee (non-refundable): \$100 for set days; \$25 for drop-off.**

**\*Supply Fee: \$50 for ages 12-36 months.**

*Currently Enrolled in Preschool\_\_\_\_\_*

*RUMC Member\_\_\_\_\_*

*Siblings of Enrolled in Preschool\_\_\_\_\_*

*General Public\_\_\_\_\_*

**Child's Name** \_\_\_\_\_ **Name called** \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ **DOB** \_\_\_\_\_ **Sex** \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

**Mother's Name** \_\_\_\_\_ **Business Phone** (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_ **Cell Phone** (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Business Phone** (\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_ **Cell Phone** (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_

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

**Emergency Medical Contact:**

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

**Local Emergency Contact and Authorized Pickup: (non-parent)**

\_\_\_\_\_  
Name Home Phone Cell or Business Phone

\_\_\_\_\_  
Name Home Phone Cell or Business Phone

\_\_\_\_\_  
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 do hereby consent to my child's 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.

I understand that tuition is due no later than the 10th of each month. A late charge of \$20.00 will be charged after that date.

**I understand that Parents' Morning Out is NOT a licensed childcare facility and that it is not required to be licensed by the Georgia Department of Early Care and Learning and is exempt from state licensure requirements.**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

**Bring the following with you:**

- Form 3231 Immunization Form
- A completed PMO Registration Form
- Tuition Fees, Registration Fee, and (if applicable) Supply Fee
- Signed back page from PMO Parent's Handbook