

# Philadelphia United Methodist Church

## Mom's Morning Out Program

### Application for Admission

1. Children's Name \_\_\_\_\_ Called by \_\_\_\_\_
2. Age \_\_\_\_\_ Birth date \_\_\_\_\_ Sex \_\_\_\_\_ Home Phone \_\_\_\_\_
3. Are immunization shots up to date? (Please attach records) \_\_\_\_\_
4. Home Address \_\_\_\_\_  
Street City State Zip
5. Father's Name \_\_\_\_\_ Cell/Pager \_\_\_\_\_
6. Employed by \_\_\_\_\_ Business Phone \_\_\_\_\_
7. Mother's Name \_\_\_\_\_ Cell Pager \_\_\_\_\_
8. Employed by \_\_\_\_\_ Business Phone \_\_\_\_\_
9. Name & Age of siblings \_\_\_\_\_
10. Persons Authorized to pick up your child and relationship \_\_\_\_\_  
\_\_\_\_\_
11. Persons NOT Authorized to pick up your child and relationship \_\_\_\_\_  
\_\_\_\_\_
12. Known Allergies or Medical Concerns \_\_\_\_\_  
\_\_\_\_\_

### Medical History

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip

Dentist Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip

**Are you interested in working as a volunteer in case of teacher absences?** \_\_\_\_\_

I understand that Mom's Morning Out will exercise all reasonable care in supervising the children. However, the staff and Philadelphia UMC cannot be held responsible for accidents which may occur. I hereby give my permission, should my child need emergency medical care, for services to be rendered to my child by a licensed physician and/or hospital. I also give permission for my child to be transported by car or emergency vehicle to location of treatment.

**MMO's registration fee is non-refundable.** Also, two week notice is required should you need to remove your child from MMO. Your signature below indicates your understanding of this provision and your agreement to pay a full month's tuition should you not provide notice.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_