

Weddington United Methodist Church
Mother's Morning Out Program
 13901 Providence Road, Weddington, NC 28104
 (704) 846-1032 Fax (704) 849-7627
 www.weddingtonchurch.org

2017/ 2018

MMO Registration Information – Please PRINT clearly

Name of child: _____ Birthdate: _____ Gender: _____
 Name child prefers to be called _____

Please indicate 1st and 2nd choice of classes:

12 months-17 months (3/1/2016-8/31/2016) 1 day week- Tues _____ 2 days week-Mon&Thur _____	18 months-23 months (9/1/2015-2/28/2016) 1 day week-Tues _____ 2 days week-Mon&Thur _____
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1-DAY- REGISTRATION FEE- \$125.00, MONTHLY TUITION- \$95.00 (SEPTEMBER-MAY)

2-DAY- REGISTRATION FEE- \$150.00, MONTHLY TUITION- \$190.00 (SEPTEMBER-MAY)

Current Address: _____
 City _____ Zip _____ County _____

E-mail _____

Mother's Name: _____ Home phone: _____ Cell phone: _____
 Occupation: _____ Business Phone: _____
 Business Name/Address: _____
 Hobby/Special Talents you could share: _____

Father's Name: _____ Home phone: _____ Cell phone: _____
 Occupation: _____ Business Phone: _____
 Business Name/Address: _____
 Hobby/Special Talents you could share: _____

Other children in family:

Name	Age	Gender	Attend WCP/Teacher -or- School name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does child live with both parents? _____ If not, with which parent does the child live? _____

Other relatives living at home: _____

What is your method of discipline? _____

What do you hope your child receives from his/her preschool experience? _____

Name of emergency contacts: 1. _____ Phone _____ Relationship _____
 2. _____ Phone _____ Relationship _____

Are you a member of Weddington United Methodist Church? _____
 Where do you attend worship? _____

Weddington United Methodist Church does not discriminate on the basis of race, color, and national or ethnic origin.

Please read carefully:

Health Information

Classes at WUMC-MMO program meet from 9:15 a.m. – 12:45 p.m. The children will have social interaction/curriculum in the classroom as well as playground time each day.

- Is your child physically and emotionally able to participate in a MMO program?
Yes _____ No _____ If no, please explain _____

- Is your child receiving any therapy services? If yes, please explain _____

- Any known allergies? EpiPen required? yes _____, no _____. If yes, please list and describe triggers and reaction _____

- MMO Policy states that children must be immunized according to the requirements of the NC Dept. of Health and Human Services. Are your child’s immunizations current? Yes _____ No _____

*** **Note:** The 2017/2018 Children’s **Medical Report form** must be signed by your child’s physician and a current copy of your child’s immunization report is required to be at the MMO office by September 1, 2017. The Children’s Medical Report Form is also available for download on the church website.

** Please note that a **NEW form is required each year** your child is enrolled in our program.

Photo Release

I give permission for MMO to use images of my child for the MMO website/events or WUMC events.
(Children’s names are never tagged or linked to the pictures) Yes _____ No _____

I understand that I must pay non-refundable registration/supply fee to enroll my child in 2017/2018 MMO school year. (SEE ATTACHED LETTER) I understand that my child is not enrolled in the program until this fee and all paperwork is received. I also agree to pay the monthly tuition by the 1st of each month (September-May, 2018) with a late fee of \$10.00 added after the 5th of each month. Checks returned by the bank will be charged a \$25.00 returned check fee.

Parent’s Signature

Today’s Date

Please advise MMO of any changes in phone or address information.

To learn more about this program, call Jan Williams at (704) 814-1316 or email at jan.williams@weddingtonchurch.org

Date Received to MMO _____

Check Number _____