

**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

**2018/ 2019**

**MMO Registration Information – Please PRINT clearly**

Name of child: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Name child prefers to be called \_\_\_\_\_

**Please indicate 1<sup>st</sup> and 2<sup>nd</sup> choice of classes:**

<b>12 months-17 months</b> <b>(3/1/2017-8/31/2017)</b>  1 day week- Tues _____ 2 days week-Mon&Thur _____	<b>18 months-23 months</b> <b>(9/1/2016-2/28/2017)</b>  1 day week-Tues _____ 2 days week-Mon&Thur _____
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**1-DAY- REGISTRATION FEE- \$125.00, MONTHLY TUITION- \$100.00 (SEPTEMBER-MAY)**

**2-DAY- REGISTRATION FEE- \$150.00, MONTHLY TUITION- \$195.00 (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? \_\_\_\_\_

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 2018/2019 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, 2018. 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 2018/2019 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 1<sup>st</sup> of each month (September-May, 2019) with a late fee of \$10.00 added after the 5<sup>th</sup> 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](mailto:jan.williams@weddingtonchurch.org)

Date Received to MMO \_\_\_\_\_

Check Number \_\_\_\_\_