

St John's United Methodist Church Mother's Day Out
Registration Form 2017-2018 School Year

Full Name of Child _____

Name Child Goes By _____

Male / Female

Date of Birth ____-____-____

Mother's Name _____

Driver's License # _____

Father's Name _____

Driver's License # _____

Does child live with both parents? Yes _____ No _____ If not, with
whom? _____

Street Address or PO Box _____

City/State _____ Zip Code _____

E-mail Address _____

Home Phone _____ Mother's Cell _____

Father's Cell _____

St John's MDO program is for 1-, 2-, 3-, and 4-year-old children. To be eligible, your
child should be the indicated age by September 11, 2017.

_____ 1-year-old and 2-year-old class

_____ 3-year-old and 4-year-old class

Are you a member of a local church? Yes _____ No _____ If yes, where?

Do you give us permission to use pictures of your child for future publications?

Are we able to use sunscreen and/or bug spray on your child? _____

Persons to whom child may be released to and relationship to Child

Name _____ Phone # _____

Driver's License # _____ Relationship _____

Name _____ Phone # _____

Driver's License # _____ Relationship _____

Name of persons authorized to act for parent in case of emergency:

1. Name/Address _____

Phone # _____ Driver's License # _____

2. Name/Address _____

Phone # _____ Driver's License # _____

Child's Physician _____ Phone _____

Does your child have allergies? Yes _____ No _____ If yes, what?

Please give any other information the teacher should know about your child's physical condition, habits, likes and dislikes, nap time, etc.

Parent's Signature _____ Date _____

Jessica Dean, MDO Director
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Office Use Only

Non-Refundable Registration Fee
Paid: Deposit Registration
Amount _____
Check# _____ Cash
Date Received _____