## St John's United Methodist Church Mother's Day Out Registration Form 2023-2024

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 (of primary resi	idence)		
City/State			
E-mail Address			-
Home Phone	Mother's Co	ell	
	Father's Ce	11	
St John's MDO program is for 1-, 2-, 3-, a	and 4/5-year-ol	d children. To be	eligible, your child
should be the indicated age by August 16t	th, 2023.		
1-year-old class	·	18-month-30mont	h class
2-year-old class	3-	-year-old class	
4/5-year-old class			
2-Day Program TUESDAY/THUR	SDAY – TUIT	ΓΙΟΝ \$250.00/MC	ONTH
3-Day Program TUESDAY/WEDN	NESDAY/THU	JRSDAY – TUITI	ON \$310/MONTH
ONE-TIME REGISTRATION & SUPPLY	Y FEE - \$100.0	00	
Are you a member of a local church? Yes	No		
If yes, where?			

Parent's SignatureDate	-
Please give any other information the teacher should know about your child's physical condition, habits, likes and dislikes, nap time, etc.	
Places give any other information the teacher should know about your	
If yes, what?	
Does your child have allergies? YesNo	
Child's PhysicianPhone	
Phone #Driver's License	
2. Name/Address	
Phone #Driver's License	
1. Name/Address	
Name of persons authorized to act for parent in case of emergency:	
Driver's License #Relationship	
NamePhone #	
Driver's #Relationship	
NamePhone #	
Persons to whom child may be released to and relationship to child:	
Are we able to use sunscreen and/or bug spray on your child? Yes No	
Yes No	
Do you give us permission to use pictures of your child for future publications?	

Office Use Only
Non-Refundable Registration Fee
Paid: \_\_\_\_
Amount \_\_\_\_
Check \_\_\_\_
Date Received \_\_\_\_

Return form to mdo@stjohnsumctc.org St. John's United Methodist Church 8200 25th Ave N, Texas City, TX 77591 Office: (409)655-5348 ext. 100 www.stjohnsumctc.org