

# St John's United Methodist Church Mother's Day Out

## Registration Form 2024-2025

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 residence)

\_\_\_\_\_  
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 4/5-year-old children. To be eligible, your child should be the indicated age by August 13th, 2024.

\_\_\_\_\_ 1-year-old class \_\_\_\_\_ 18-month-30month class

\_\_\_\_\_ 2-year-old class \_\_\_\_\_ 3-year-old class

\_\_\_\_\_ 4/5-year-old class

\_\_\_\_\_ 2-Day Program TUESDAY/THURSDAY – TUITION \$255.00/MONTH

\_\_\_\_\_ 3-Day Program TUESDAY/WEDNESDAY/THURSDAY – TUITION \$315/MONTH

ONE-TIME REGISTRATION & SUPPLY FEE - \$100.00

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?

Yes\_\_ No\_\_

Are we able to use sunscreen and/or bug spray on your child? Yes\_\_ No\_\_

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

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Driver's # \_\_\_\_\_ 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 \_\_\_\_\_

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

Return form to [mdu@stjohnsumctc.org](mailto:mdu@stjohnsumctc.org)  
 St. John's United Methodist Church  
 8200 25th Ave N, Texas City, TX 77591  
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