

St John's United Methodist Church Mother's Day Out Registration Form 2025-2026

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 12th, 2026.

_____ 1-year-old class _____ 18-month-30month class

_____ 2-year-old class _____ 3-year-old class

_____ 4/5-year-old class

_____ 2-Day Program TUES/THURS – TUITION \$255.00/MONTH

_____ 3-Day Program TUES/WED/THURS – TUITION \$320.00/MONTH

_____ 4-Day Program MON, TUES, WED, THURS - \$425.00/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 # _____ / Cash _____

Date Received _____

Return form to mdo@stjohnsumctc.org

St. John's United Methodist Church

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Office: (409)655-5348 ext. 108

www.stjohnsumctc.org