



112 Adams Street • PO Box 555 • Greenville, AL 36037
 (334) 382-5872 • Email: office@fumcgreenville.org
Church Office Hours: Monday-Thursday, 8:00 a.m.-3:00 p.m.
MDO Hours: 8:30 a.m.-12:30 p.m.

2022-2023 Registration Form

Please select the class in which you would like to enroll your child:

	<u>Class 1</u>	<u>Class 2</u>	<u>Class 3</u>
___ 2 Day Program Monday & Friday \$150.00/month <input type="checkbox"/> Ages 14 months-2 yrs.			<input type="checkbox"/> 3-4 years
___ 3 Day Program Tuesday-Thursday \$180.00/month <input type="checkbox"/> Ages 14 months-2 yrs.		<input type="checkbox"/> 2-3 years	<input type="checkbox"/> 3-4 years
___ 5 Day Program Monday—Friday \$290.00/month <input type="checkbox"/> Ages 14 months-2 yrs.		<input type="checkbox"/> 2-3 years	<input type="checkbox"/> 3-4 years

Yearly Fees: \$50.00 Registration \$15.00 Snack Fee

Child's Name _____ **D.O.B.** _____ **Age:** _____ **Gender:** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Home Phone:** _____

Mother's Name: _____ **Father's Name:** _____

Mother's Cell #: _____ **Father's Cell #:** _____

Mother's Occupation: _____ **Father's Occupation:** _____

Mother's Work #: _____ **Father's Work #:** _____

Mother's Email: _____ **Father's Email:** _____

Pediatrician: _____ **Phone#** _____

Hospital Preference _____

Emergency Contact (Other than Parent): _____ **Phone Number** _____

Does your child have any medical conditions or allergies we should know about? _____

Please list names of people other than parents that have your permission to pick up your child from MDO:

Name _____ Phone: _____ Relation: _____

Name _____ Phone: _____ Relation: _____

Name _____ Phone: _____ Relation: _____

The people listed above have my permission to pick up my child, _____, from Mother's Day Out.

Do you give permission for your child to be in photographs at our daycare? _____ YES _____ NO

Do you give permission for your child to be in photos on our website? _____ YES _____ NO

Please list any additional information if needed: _____

Parent's Signature _____ **Date:** _____

Registration for each child is a commitment of enrollment for the entire school year. A **\$50.00 non-refundable registration fee** (per child) is due at acceptance. Checks may be made payable to FUMC. Please put your child's name in the "for" line.