



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.

Fridays, 8:00 a.m.-12:00 p.m.

**MDO Hours:**

8:30 a.m.-12:30 p.m.

# SUMMER 2023

## Registration Form

**DATES: June 6th—July 27th**

**3 DAYS: Tuesday, Wednesday, Thursday)**

**Non-Refundable Registration Fee: \$20.00 (Due by May 1st)**

**Tuition Cost: \$350.00. (Due by June 1st, late by 10th)**

**Check One:**  **RETURNING STUDENT** (You may fill out the **RED AREAS ONLY** or areas that need updating.)  
 **NEW STUDENT**

**Check One:** **Ages:**  **14 months-2 years**  **Ages 2-3 years**  **Ages 3-4 years**

**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 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:** \_\_\_\_\_

Summer tuition is due in full before the summer program begins. This fee is non-refundable. Checks may be made payable to FUMC.  
Please put your child's name in the "for" line.