



Belton FUMC MDO

Registration Form 2020-2021

Year

For office use only

	Date Revd	Amnt Revd	Cash/ Ck #
Registration Fee			
Supply Fee			
Birth Certificate		Class Assigned	
Immunization Record		Photo Waiver	

CHILD'S INFORMATION

Child's Full Name: _____ Date of Birth: _____
 Preferred Name: _____ Gender: Male Female
 Child lives with: _____ Parents' Marital Status: _____ # of Siblings: _____
 If divorced, who has legal custody? _____
 May the non-custodial parent pick up the child? Yes No* (*If no, documentation from the court is required.)
 Is your child potty trained? Yes No
 If yes, will your child let the teacher know when he/she has to go potty? Yes No
 If no, at what age do you plan on starting the potty training at home? _____

MOTHER'S / FEMALE GUARDIAN'S INFORMATION

Mother's/Guardian's Name: _____ Relationship to Child: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Employer: _____ Occupation: _____
 Email Address: _____ Driver's License #: _____ State: _____
 Check the phone number you want the staff to call FIRST in case of emergency or concern:
 Home #: _____ Cell #: _____
 Work #: _____ Ext: _____ Work Hours: _____ Other #: _____

FATHER'S / MALE GUARDIAN'S INFORMATION

Father's/ Guardian's Name: _____ Relationship to Child: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Employer: _____ Occupation: _____
 Email Address: _____ Driver's License #: _____ State: _____
 Check the phone number you want the staff to call FIRST in case of emergency or concern:
 Home #: _____ Cell #: _____
 Work #: _____ Ext: _____ Work Hours: _____ Other #: _____

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In Case of Emergency:

Child's Name: _____ Date of Birth: _____

Emergency Contact: (List a person who will assume responsibility if parent cannot be reached.)

Name: _____ Relationship to Child: _____

Address: _____ City: _____ State: _____ Zip: _____

Check the phone number you want the staff to call FIRST in case of emergency or concern:

Home #: _____ Cell #: _____

Work #: _____ Ext: _____ Work Hours: _____ Other #: _____

Driver's License #: _____ State: _____

Emergency Contact: (List a person who will assume responsibility if parent cannot be reached.)

Name: _____ Relationship to Child: _____

Address: _____ City: _____ State: _____ Zip: _____

Check the phone number you want the staff to call FIRST in case of emergency or concern:

Home #: _____ Cell #: _____

Work #: _____ Ext: _____ Work Hours: _____ Other #: _____

Driver's License #: _____ State: _____

Emergency Medical Care: *In the event I cannot be reached to make arrangements for emergency medical attention, I authorize the staff of First United Methodist Church, Belton Mother's Day Out to seek assistance from the following physician and/or have my child transported for emergency care to the following emergency medical care facility.*

Physician's Name: _____ Clinic: _____

Phone #: _____ Address: _____

City: _____ State: _____ Zip: _____

Emergency Care Facility Name: _____

Phone #: _____ Address: _____

City: _____ State: _____ Zip: _____

I give consent for the staff of First United Methodist Church, Belton Mother's Day Out to secure any and all necessary emergency medical care for my child,

Parent/Guardian Signature

Date

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Child's Name: _____ Date of Birth: _____

FEES:

Registration: To secure enrollment, an annual, **non-refundable** Registration Fee of \$50 is due at the time of registration.

Supply: To secure enrollment, an annual, **non-refundable** \$100 Supply Fee is due at the time of registration.

NOTE: MDO accepts cash (exact amount only), personal checks or money orders made out to FUMC MDO.

TUITION

<u>AGE:</u>	Friendly Foxes (2 yr old)	Wise Owls (3 & 4 yr old PreK)
<u>DAYS:</u>	Tuesday & Thursday	Tuesday & Thursday
<u>HOURS:</u>	9:00am – 2:30 pm	9:00am – 2:30 pm
<u>TUITION</u>	\$175 per month	\$175 per month

- Monthly tuition is due on the 1st Tuesday of every month.
- Tuition is late after the 10th of the month.
- Your child will be dropped from the program if tuition is not received by the 15th of the month.
- The tuition amounts have been averaged over the school year; the amount will not be adjusted due to the actual number of class of each month.
- Tuition will not be prorated or discounted for absences or holidays.
- There is a discount for families with more than one child enrolled in *MDO@FUMC, Belton.*

MEALS:

- Parents/guardians may bring their child a healthy beverage in spill-proof cup labeled with child's name.
- Parent/guardian needs to provide their child a healthy picnic style **LUNCH** to eat. (If items need to be kept cold, please include an ice pack. We cannot keep items cold nor can we cannot heat lunch items for individual children.)
- Lunches need to be sent with the child at the beginning of the day. We ask that you do not habitually bring a fast food lunch for your child.

• WE ARE A NUT FREE FACILITY!

REST/NAP:

- Children who stay at MDO after lunch will rest/nap for about 1½ hours.
- Parents need to provide their child a small rest mat and blanket.
- A small pillow or security item is optional.

By completing this Registration and paying the registration/supply fee:

- I am enrolling my child in the Mother's Day Out @ First United Methodist Church Belton program and will abide by all the policies and procedures as stated in this document and/or the Parent Handbook.
- I verify that all information I provided on this Registration document is correct to the best of my knowledge.
- I will supply all additional enrollment information, including a *Birth Certificate, Shot Record, & Medical Information* form for my child before he/she begins at MDO@FUMCMAIL.ORG
- **I understand that any changes to enrollment, including termination of enrollment, must be made in writing at least thirty (30) days in advance to the Director of MDO@FUMCMAIL.ORG**

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Parent/Guardian Signature

Date

MDO Director Signature

Date

Child's Name: _____ Date of Birth: _____

Authorized Pick-up Release

Name: _____ Relationship to Child: _____

Address: _____ City: _____ State: _____ Zip: _____

Check the phone number you want the staff to call FIRST in case of emergency or concern:

Home #: _____ Cell #: _____

Work #: _____ Ext: _____ Work Hours: _____ Other #: _____

Driver's License #: _____ State: _____

Name: _____ Relationship to Child: _____

Address: _____ City: _____ State: _____ Zip: _____

Check the phone number you want the staff to call FIRST in case of emergency or concern:

Home #: _____ Cell #: _____

Work #: _____ Ext: _____ Work Hours: _____ Other #: _____

Driver's License #: _____ State: _____

Name: _____ Relationship to Child: _____

Address: _____ City: _____ State: _____ Zip: _____

Check the phone number you want the staff to call FIRST in case of emergency or concern:

Home #: _____ Cell #: _____

Work #: _____ Ext: _____ Work Hours: _____ Other #: _____

Driver's License #: _____ State: _____

Name: _____ Relationship to Child: _____

Address: _____ City: _____ State: _____ Zip: _____

Check the phone number you want the staff to call FIRST in case of emergency or concern:

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Name: _____ Relationship to Child: _____

Address: _____ City: _____ State: _____ Zip: _____

Check the phone number you want the staff to call FIRST in case of emergency or concern:

Home #: _____ Cell #: _____

Work #: _____ Ext: _____ Work Hours: _____ Other #: _____

Driver's License #: _____ State: _____

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I authorize that my child may be released from the care of First United Methodist Church, Belton Mother's Day Out to the individuals indicated above in addition to those already listed on this form.

Parent/Guardian Signature

Date

Child's Name: _____ Date of Birth: _____

CHILD'S HEALTH INFORMATION

Does your child have any known allergies? Yes (Please complete an allergy action plan) No

If yes, to what? _____

Describe how your child reacts to exposure to particular allergens: _____

How are these allergies typically treated? _____

Does your child have Asthma? Yes (Increases risk of severe reaction) No

Does your child take medications daily? Yes No

If yes, what kind and how often? _____

Please list any special problems that your child may have, such as existing illness, previous serious illness, hospitalizations during the past 12 months, any medications prescribed for long-term use, and any other medical information which caregivers should know: _____

IMMUNIZATION RECORD:

- I have provided First United Methodist Church, Belton Mother's Day Out a copy of my child's current immunization record.
 I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form develop and issued by the Department of State Health Services. I understand this affidavit is valid for two years.

PHYSICIAN'S STATEMENT – Annually, one of the following must be presented when your child begins attending First United Methodist Church, Belton Mother's Day Out or within one week of admission. Please check only one option below:

- HEALTH CARE PROFESSIONAL STATEMENT: I have examined the above named child within the past year and find that he/she is able to take part in a Mother's Day Out program.

Heath care Professional Signature

Date

- A signed and dated copy of a health care professional's statement is attached.
- Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.
- My child has been examined within the past year by a health care professional and is able to participate in a Mother's Day Out program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the Mother's Day Out program.

Parent/Guardian Signature

Date

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ALL ABOUT ME!

My name is: _____ . My birthday is: _____ . I am _____ years old.

My nickname is: _____ . I live with: _____ .

I have _____ sisters. Their names and ages are: _____

I have _____ brothers. Their names and ages are: _____

I have _____ pets. They are (what kind of animal?) _____ and their names are:

My family lives in a house apartment other _____

At home, I eat in: high chair booster chair chair parent's lap other: _____

At home, I drink from: a bottle a sippy cup other: _____

At home, I sleep in: my crib my bed other: _____

When I nap, _____ helps me get to sleep.

When I am sad or hurt, I am comforted by / I need: _____

My favorite security item(s): _____

My favorite food: _____ My favorite drink: _____

My favorite color: _____ My favorite animal: _____

My favorite book(s) _____

My favorite song(s) _____

My favorite movie(s) _____

Sometimes, when Mommy or Daddy leaves me I have separation anxiety: Yes No

When I am introduced to new people/experiences/environments, I tend to be:

Easy going / Happy Feisty / Aggressive Shy / Slow to Warm Other: _____

I am scared of: _____

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In the last six months, we have had one or more of these changes in our household:

- Move
 Divorce
 Separation
 Deployment
 Birth
 Death
 Other: _____

Please attach a recent picture of your child for his/her teacher to hang in the classroom.

PHOTO / AUDIO / VIDEO WAIVER

Child's Name: _____ Date of Birth: _____

I, _____
Parent/Guardian Name

- authorize → Use my child's First Name Only
 do not authorize Do not use my child's First Name.

First United Methodist Church, Belton Mother's Day Out (FUMC MDO) to us and/or reproduce any photographs, audio, and/or video recordings of my child while enrolled in the FUMC MDO program for use in the classroom/program, including posting on FUMC MDO social networks (e.g. Facebook/Instagram) and website for promotional purposes.

Parent/Guardian Signature

Date

MDO Director Signature

Date

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Additional Items Needed

- Backpack
- Lunch box with picnic style lunch (nut free)
- No leak sippy cup/water bottle
- Extra clothes
- Toileting needs (diapers/pull ups)
- Nap mat
- Blanket, small pillow/stuffed animal

*All items that are specific to your child must be labeled with his/her first and last name. Thank you!