

Surfside United Methodist Church
Mom's Morning Out Program Registration Form
13th Avenue North & Highway 17 Business
Surfside Beach SC 29575

Date _____

Childs age _____ Moms Morning Out Days attending Mon ___ Fri ___ Both ___

NAME OF CHILD _____ boy _____ girl _____

NAME CHILD COMMONLY CALLED _____

PLACE OF BIRTH _____ AGE _____ BIRTHDATE ___/___/___

RESIDENT ADDRESS _____ ZIP CODE _____

MAILING ADDRESS if different _____

HOME PHONE NUMBER _____

EMERGENCY CONTACT (NAME) _____

EMERGENCY PHONE NUMBER _____

CHILD'S DOCTOR _____

DOCTOR'S PHONE NUMBER _____

FATHER'S NAME _____

PLACE OF EMPLOYMENT _____

MOTHER'S NAME _____

PLACE OF EMPLOYMENT _____

PARENT'S MARITAL STATUS _____

DENOMINATION _____

SCHOOL DISTRICT (IF KNOWN) _____

NAMES AND AGES OF BROTHERS AND SISTERS:

NAME _____ AGE _____ BROTHER ___ SISTER ___

NAME _____ AGE _____ BROTHER ___ SISTER ___

FAVORITE TOYS: _____

GROUP EXPERIENCE: NONE ___ SUNDAY SCHOOL ___ NURSERY SCHOOL ___ OTHER ___

WHAT THINGS IS HE/SHE AFRAID OF? _____

PARTICULAR PROBLEMS WITH WHICH HELP IS NEEDED _____

ALLERGIES _____

PLEASE READ AND SIGN BACK OF FORM

Fees and Requirements
All Fees are NON-Refundable

Monthly Fees

Mondays and/or Fridays, 9:00 – 12:00 noon. Monthly fee of \$ 60.00/1 day a week
 \$100.00 for 2 days a week.

Registration fee due at time of registration is \$ 20.00

You are required to supply diapers, diaper wipes, powder or cream if you want it used, change of clothes, coat or sweater appropriate for the weather, snack and a drink. All the items need to be clearly marked with first and last names. Children may have the same initials or the same first names so it is very important that you mark all items.

Permission slips and agreements:

Appropriate behavior is expected of all children. The school reserves the right to require the removal of any child who will not conform to this standard.

I have read and agree with the above statement.

Parent Signature _____ Date _____

I give permission for my child's picture to appear on the Church / Preschool web site. I understand no names are to be listed on-line.

YES _____ NO _____ Parent Signature _____ Date _____

Medical Emergency Procedure:

Each child **must** have an "Emergency Contact" card on file before the first day of school. This card **must** have at least three different emergency numbers; i.e. the Mother, the Father, and one other name and number. Parents are responsible to notify the school in writing of any changes during the year.

In the event of a non-serious injury, the preschool personnel will administer first-aid as per American Red Cross/Heart Assoc training procedures and contact the parents if any further treatment is necessary. If no contacts are reached in a reasonable amount of time, EMS will be called if deemed necessary.

In the event of a serious injury, the preschool will immediately contact EMS and a name from the "Emergency Contact Card" and follow the American First-Aid procedures until EMS arrives.

I give permission for my child (or legal ward) _____ to be treated or attended to by authorized medical personnel in the event of an emergency. I, therefore, hold free from liability Surfside United Methodist Preschool, staff and all attending medical personnel acting according to the accustomed procedure and rendering general and special medical related treatment on the behalf of and for the goodwill of my child (or legal ward).

Mother's signature _____ Date: _____

Father's signature _____ Date: _____