

First United Methodist Church of Taylor - Mother's Day Out Program

2024-2025 Registration Form

Child's Name: _____

Date of Birth: _____

Sex: → Female → Male

Child's Age as of Sept. 1, 2024 - __ years and __ months

Child's Address: _____

City: _____ State: _____ Zip: _____

Parent Name (1st Contact) _____ Driver's License #: _____

Relation to Child: _____

Occupation: _____ Employer: _____

1st Contact Ph #: _____ 2nd Contact Ph. #: _____

Parent email: _____

Parent Name (2nd contact): _____ Driver's License: _____

Relation to Child: _____

Occupation: _____ Employer: _____

1st Contact Ph #: _____ 2nd Contact Ph. #: _____

Parent email: _____

Do both parents live with this child? → Yes → No

An Additional Emergency Contact: _____ Relationship to the child: _____

1st Contact Ph #: _____ 2nd Contact Ph. #: _____

Office Use Only

→ Registration Paid

→ 1st month Tuition Paid

Start Date: _____

Withdrawal Date: _____

Reason: _____

Tuition and Fees Schedule

Non – refundable Registration Fee: \$175.00 per child

- Registration is for the current summer program. The registration fee is due at the time of enrollment and is non-refundable.

Monthly Tuition - \$260.00 per child

\$20.00 Discount on 2nd and 3rd Children

September 3, 2024 – May 15, 2025, Tuesdays & Thursdays, 9:00 am to 3:00 pm

- Full tuition is due by the 1st of each month and is considered late on or after the 5th of each month.
- Tuition is calculated on an annual school year basis. The amount is not flexible with long or short months. Refunds or reductions are not available for the time a child is absent. School starts in September and ends in May with MOST holidays following the Taylor ISD school calendar.

Other Fees:

Tuition Late Fee (after the 5th of the month) = \$15.00

Returned Check Fee = \$35.00

Accepted forms of payment: Check or Money Order. Please make checks out to: FUMC - MDO

I understand the above Tuition & Fees policy

Child's Name: _____ D.O.B: _____

Parent or Legal Guardian Name (please print) _____

Parent or Legal Guardian Signature _____

First United Methodist Church of Taylor
MOTHER'S DAY OUT

Photo Release Form

CHILDS NAME _____ Date: _____

There will be several occasions over the school year that pictures will be taken of the Mother's Day Out children, either by church members, MDO Staff, or by the Taylor Daily Press. Our program also has a Website and Facebook Page. Please sign this form indicating your wishes on posting your child's picture in printed media and/or social media.

Photo Release:

- I give FUMC MDO permission to take and publish photos of my child involved in fun and learning. These are displayed in school, used for art projects, sent home, used for school functions and attached to in weekly emails.
- I do NOT give permission for my child to be included in any of the MDO pictures displayed in school, used for art projects, sent home, used for school functions or attached to in weekly emails.

Parent/ Guardian Signature: _____

Social Media Release:

- I give FUMC MDO permission to take and publish photos and videos of my child involved in fun and learning. These are displayed on the FUMC MDO website and Facebook page.
- I do NOT give permission for my child to be included in any of the MDO pictures to be posted on the center's website or Facebook page.

Parent/ Guardian Signature: _____

Advertising Release:

- I give First United Methodist Church Mother's Day Out permission to use my child's photo in promotional publications, videos or on our web site.
- I do not give First United Methodist Church Mother's Day Out permission to use my child's photo in promotional publications, videos or on our web site.

Parent/ Guardian Signature: _____

First United Methodist Church of Taylor
MOTHER'S DAY OUT

"Authorization To Pick Up" Form

Child's Name _____ Date of Birth ____/____/____

I hereby authorize *First United Methodist Church Mother's Day Out* to allow my child to leave with the following persons.

Name: _____

Relationship to child: _____

Address: _____

Primary Contact Phone Number: _____

Secondary Contact Phone Number: _____

Name: _____

Relationship to child: _____

Address: _____

Primary Contact Phone Number: _____

Secondary Contact Phone Number: _____

Name: _____

Relationship to child: _____

Address: _____

Primary Contact Phone Number: _____

Secondary Contact Phone Number: _____

Name: _____

Relationship to child: _____

Address: _____

Primary Contact Phone Number: _____

Secondary Contact Phone Number: _____

First United Methodist Church of Taylor
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Emergency Medical Care

Child's Name _____ Date of Birth ____/____/____

Please Print Clearly

Doctor's Name: _____ Hospital Preference: _____

Address: _____

City: _____ State: _____ Phone: _____

Insurance Co. _____ Policy # _____

Are there any health issues or special needs we need to be aware of: → Yes → No

Does your child have any allergies? → Yes → No

If yes, list any special problems that your child may have such as allergies, existing illness, previous serious illness, injuries, during the past 12 months, any medication prescribed for long-term continuous use, and any other information which staff should be aware of (use back or another sheet of paper if necessary)

In the event that I cannot be reached to make arrangements for emergency medical attention, I give consent to First United Methodist Church Mother's Day Out, and the person in charge, to secure any and all necessary emergency medical care for my child.

We will not hold First United Methodist Church OR the Mother's Day Out Staff liable personally/ corporately for injury, that may occur, while in their care.

_____ Date: _____

(Signature of Parent or Guardian)

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Health Care Professional's Statement

Required before the first day of MDO.

Child's Name _____

Please check the appropriate box.

____ I have examined the above named child within the past year and find that he/she is physically able to participate in the MDO child care program.

Professional's Signature _____ Date _____

Address _____ phone # _____

____ 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.

____ A signed and dated copy of a health care professional statement is attached.

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Medical Form

Child's Name _____ Date of Birth _____

Date form is filled out- ____ / ____ / ____

Immunizations admission requirement before the first day of MDO

Please check the appropriate box.

I have attached a current requirements record for my child

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 developed and issued by the Department of State Health Services. I understand the affidavit is good for two years.

For more info: http://www.state.tx.us/immunize/school_info.htm

Parent or Legal Guardian Name (please print) _____

Parent or Legal Guardian Signature _____

Date _____



To join our **REMIND** text message system

Send a text to

81010

Text this message:

@fumctmdo

Do this to stay up to date on all of the MDO latest news, including bad weather closing days and important class event reminders.