

## 2024-2025 PARENTS' MORNING OUT REGISTRATION

### CHILD INFORMATION

Name:		Church Affiliation:	
Date of Birth:	Age:	Date:	Gender:
Address:			
City:	State:		Zip

### PARENT INFORMATION

Mom:	Dad:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Email:	Email:

### EMERGENCY CONTACTS

Name:	
Relationship:	Phone:
Name:	
Relationship:	Phone:

### PERSONS ALLOWED TO PICK UP YOUR CHILD

Name(s):
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### SIBLING INFORMATION

Name:	Age:	School:
Name:	Age:	School:

### MEDICAL INFORMATION

Physician:	Phone:
Dentist:	Phone:
Any Known Allergies?	
Symptoms:	
Special Needs, Disabilities, or additional Health Information?	
Date of Last Check-up?	Up to Date on Vaccines?

### EMERGENCY MEDICAL AUTHORIZATION

Should the child named above suffer an injury or illness while under the care of First United Methodist Church, and the Director of the Parents' Morning Out Program is unable to contact me/us immediately, First United Methodist Church shall be authorized to secure medical attention and care as may be necessary. I/we assume responsibility for payment of services. I/we authorize All Children's Hospital to provide emergency treatment. I/we understand that this hospital may route an emergency vehicle elsewhere if they cannot accommodate the ambulance. I/we agree to keep FUMC informed of all changes in telephone numbers where I/we can be reached.

All fees paid daily or billed monthly  
 No credits, refunds, or adjustments. All payments must be cash or personal check.  
 \*\*\*We ask that drinks, diapers and wipes be provided by parents. Thank you in advance.

Signature of Parent/Guardian:	Date:
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