



# REGISTRATION ADMISSION FORM

MEDINA UNITED METHODIST CHURCH  
(830)589-2646 / Info@medinaumc.org

**Child's Name** \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Child's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ Cell# \_\_\_\_\_ Work # \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_ Email: \_\_\_\_\_

**Father's Name** \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_ Email: \_\_\_\_\_

**Additional people who have permission to pick up child:**

Is there anyone to whom your child MAY NOT be released?  Yes  No

If yes, please name \_\_\_\_\_



Emergency Contact Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Has permission to pick up all children in family

Name of Physician \_\_\_\_\_

Phone# \_\_\_\_\_

Physician Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are there any special conditions that your child may have such as allergies (see attached allergy form), existing illness, previous serious illness, or prescribed long-term medication  Yes  No  
If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

**Tuition:** The first month tuition (\$20/Day) includes a registration fee of \$50.00. Note: We follow the MISD Holiday Schedule closely.

**Tuition is due by the 20<sup>th</sup> of each month and is considered late after the 1<sup>st</sup> of each month.**

A \$20 late fee is applied to monthly tuition paid after the 1<sup>st</sup> of each month.

**Please indicate who is responsible for payment of tuition and fees:**

[ ] Parents - Same address

[ ] Mother

[ ] Father

[ ] Adult other than parents (please complete below)



**If Adult other than Parents is responsible for Monthly Payments list info below:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Referred to us by \_\_\_\_\_

Please state additional information that would be helpful to our MUMC/ MDO staff.

\_\_\_\_\_  
\_\_\_\_\_

By signing below, I acknowledge that I have received and have read the Mother's Day Out Parent's Handbook and understand that any changes made in policies require that all families in the MDO program be notified by email or letter.



PARENT/LEGAL GUARDIAN SIGNATURES \_\_\_\_\_

DATE \_\_\_\_\_



**ALLERGY NOTIFICATION FORM**

CHILD'S NAME: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

MY CHILD IS ALLERGIC TO THE FOLLOWING:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SEVERITY:** (CIRCLE ONE) **MILD MODERATE SEVERE**

(IF MODERATE OR SEVERE, PLEASE HAVE DOCTOR FILL OUT REMAINING OF FORM)

INSTRUCTIONS IF CHILD COMES IN CONTACT  
WITH ALLERGEN(S):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHYSICIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(more on back)

**PERMISSION SLIP FOR  
EMERGENCY RELEASE AND PHOTO/MEDIA RELEASE  
(For ages 17 and under)**

CHILD'S NAME: \_\_\_\_\_

\_\_\_\_\_ In case of an emergency, I authorize Medina United Methodist Church MDO and its agents to obtain such emergency medical attention for my child(ren) during such a period of Mother's Day Out activities as may appear reasonably necessary in my absence. I understand that said treatment may be carried out in the MUMC MDO building or may involve excursions out of the MUMC MDO building. I hereby waive any right to damages which may arise from the acts of MUMC MDO or its agents, and in consideration of the services provided my child(ren) by MUMC MDO, I agree to indemnify and hold harmless the Medina United Methodist Church and Representatives, MUMC MDO and its agents with respect to any loss of any kind suffered by MUMC MDO and its agents, or any liability incurred through loss suffered by third persons as the result of attendance of the child(ren) in the Mother's Day Out activities of said Medina United Methodist Church and the MUMC MDO program.

\_\_\_\_\_ I, the undersigned parent(s) or guardian of the child listed above give Medina United Methodist Church and it's Mother's Day Out Program, the absolute right and permission to use my child's photograph in its promotion materials and publicity efforts. I understand that the photographs may be used in a publication, print ad, direct-mail piece, electronic media (e.g., video, cd/dvd/microchip, MUMC Website/Facebook, internet), or other form of promotion. I release the Church, the photographer, their officers, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection of such use.

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

Emergency Contact: _____	Relationship: _____
Parent/Guardian Phone : _____	
Physician's Name: _____	Phone: _____