

# Application: Parents' Morning Out

Duke Memorial United Methodist Church

Day(s) preferred for your child (child can attend up to two days) \_\_\_\_\_

Parent's Name (s) \_\_\_\_\_

Child's Full Name \_\_\_\_\_

Preferred Name \_\_\_\_\_ Sex \_\_\_ F or \_\_\_ M

Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Emergency # \_\_\_\_\_

Email Address \_\_\_\_\_

Member of What Church? \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Health Insurance Provider \_\_\_\_\_

Allergies \_\_\_\_\_

I give my permission for the childcare personnel of PMO at Duke Memorial United Methodist Church to secure medical assistance for my child while he/she is attending the program. I understand that efforts will be made to contact me in an emergency, but if I am unavailable, the decision related to securing medical assistance will be made by the childcare staff in my absence.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Please submit a \$30.00 registration fee per child (non-refundable). Checks should be made out to Duke Memorial United Methodist Church. Please mail form and check to:

Harriet Putman  
Duke Memorial United Methodist Church  
504 West Chapel Hill Street  
Durham, NC 27701