

Application: Parents' Morning Out

Duke Memorial United Methodist Church

Day(s) preferred for your child _____

Parent's Name(s) _____

Child's Full Name _____

Preferred Name _____ Sex F M

Home Address _____
Street City State Zip

Business Address _____
Street City State Zip

Home # _____ Cell # _____ Emergency # _____

Email Address _____

Member of What Church? _____

Child's Date of Birth _____ Age of Child at Enrollment _____

Child's Physician _____ Phone # _____

Name of Health Insurance Provider _____

Does your child have any allergies or physical conditions that might affect his/her participation in this program? (Please describe)

What information could you give us that would help your child be more comfortable in this program? (Favorite song, sleeps on stomach or back, likes to be rocked, etc.)

I give my permission for the childcare personnel in Parents' Morning Out at Duke Memorial United Methodist Church to secure medical assistance for my child while he/she is attending this 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 _____

Parent Agreement

I have read the "Parent Information and Expectations" sheet for the Parents' Morning Out program at Duke Memorial United Methodist Church and understand the nature of the program and my responsibilities as a part of the program.

I agree to follow the guidelines set forth and any additional guidelines which may be developed as this program evolves. I understand that I will be expected to serve as a parent volunteer a minimum of 4 times during the year.

I have attached an application form and a \$30.00 registration fee per child (non-refundable). *Checks should be made out to Duke Memorial United Methodist Church.* Please form and check to:

Amy Kujawa
Duke Memorial United Methodist Church
504 West Chapel Hill Street
Durham, NC 27701

Signature of Parent/Guardian _____ Date_____