

Application: Parents' Morning Out

Duke Memorial United Methodist Church

Day(s) preferred for your child (no limit to days, based on availability): _____

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