



PARENTS' MORNING OUT

DUKE MEMORIAL UMC

2020-2021 Application for Enrollment: Duke Memorial Parents' Morning Out
Duke Memorial United Methodist Church

Days preferred: _____

For the 2020-2021 School Year there will be a 3 day maximum for enrollment

Child's full name: _____

Preferred name: _____

Date of birth: _____ Sex: _____

Address: _____

Email address to be on Parent email list: _____

What church do you attend: _____

Is your child currently enrolled at PMO? _____

Parent 1 name: _____

Parent 1 phone number: _____

Parent 1 email address: _____

Parent 2 name: _____

Parent 2 phone number: _____

Parent 2 email address: _____

EMERGENCY INFORMATION:

Child's physician: _____

Physician's Practice: _____

Physician's phone number: _____

Health insurance provider: _____

Hospital preference: _____

ALLERGIES: _____

Emergency Contact Information:

In the case of an emergency, if neither parent or guardian can be contacted, please call:

Name: _____

Phone number: _____

Relationship: _____

Name: _____

Phone number: _____

Relationship: _____

I give my permission for the childcare personnel of Duke Memorial Parents' Morning Out 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.

Parent signature: _____

A current immunization record from your child's doctor is required for every year of enrollment. If your child has a legal, medical exemption from any vaccinations required by the state of NC, please see the PMO Director. The Director will review the application on a case by case basis, weighing the possible impact and risks of the child's vaccination status on other students, their families, and staff. Duke Memorial Parents' Morning Out does not accept vaccination exemptions based on statements of religious belief or opposition to the immunization requirements.

Parent 1 signature: _____

Parent 2 signature: _____

Date: _____

All applicants must submit a **non-refundable** \$30 application fee to secure your place on the PMO waitlist for enrollment. Checks can be made out to Duke Memorial PMO, or you can use online tuition payment via our website. You may send your payment and application to annie.pmo@dukememorial.org or you can mail them to:

Duke Memorial PMO
Attn: Annie Barrow
504 West Chapel Hill Street
Durham, NC 27701