



2026-2027 Application for Enrollment: Duke Memorial Parents' Morning Out  
Duke Memorial United Methodist Church

Days preferred: \_\_\_\_\_

If your child turns 3 years old before August 31st 2026 they are ineligible 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 to 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** \$50 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 [julia@dukememorial.org](mailto:julia@dukememorial.org) or you can mail them to:

Duke Memorial PMO  
Attn: Julia Browning  
504 West Chapel Hill Street  
Durham, NC 27701