

For Office Use ONLY:

Date of Registration _____

Allergies _____

Registration Fee Paid (Check #) _____

Dietary Restrictions _____

Classroom Assigned _____

Days Attending _____

APPLICATION FOR McEACHERN MOTHER'S MORNING OUT

Child's Name _____

Sex _____

Birthdate _____

(underline name by which child is called)

(mm/dd/yyyy)

Address _____

Street

City

State

Zip Code

Home Telephone Number _____

E-Mail Address _____

Father's Name _____ **Employer** _____

Work Phone Number _____ Cell Phone/Pager Number _____

(for emergency contact purposes only)

Mother's Name _____ Employer _____

Work Phone Number _____ Cell Phone/Pager Number _____

(for emergency contact purposes only)

Current Marital Status: (circle one) Married Separated Divorced Widowed

Child lives with: (circle one) Both Parents Mother Father Other

NOTE: Proof of custody is required for our records if child does not reside with both natural parents. McEachern MMO will adhere to all court ordered custody decrees as stipulated by Georgia Law.

Siblings (List in Order of Birth):

Name

Age

applying for MMO?

1. _____

2. _____

3. _____

-Continue Application on Reverse Side-

List allergies your child may have (what substances and how manifested)_____

Any dietary restrictions?_____

Person (s) responsible for dropping off and picking up your child (include all and a contact number for each person listed):

Name	Phone Number
1. _____	_____
2. _____	_____
3. _____	_____

TUITION

Please review and initial the following:

I, _____ agree to pay my child's tuition on the fifteenth of
(parent name)

each month. If the tuition is not paid within seven days of the due date, I owe a \$10.00 late fee.

If the tuition and late fee are not paid within 14 days of notification, my child will be replaced.

Parent's initials _____

There are no credits for absences.

There is a NON-REFUNDABLE registration fee equal to one month's tuition due with this application.

I have read and agree to the above. I request for my child to attend McEachern Mother's Morning Out.

Photo Release

I grant permission for my child's photograph to be printed in publications for McEachern UMC promotions.

Parent's Signature