

STEVENSVILLE UNITED METHODIST CHURCH

Mothers Day Out Program

* Please fill out one form per child you are enrolling in the Mother's Day Out Program.

Child's Name: _____

Male / Female DOB: _____ Current Age: _____

Parents Cell Phone #'s _____

Does your child have any allergies? If yes, to what is he/she allergic to: _____

Your child's Mother and Father's Names: _____

Your address: _____

Names of other siblings also attending this Mothers Day Out Program: _____

Home telephone #: _____

Name of church you are affiliated with: _____

\$25 Deposit Fee Per Child Paid for 2010-2011

Check # _____

Amount Paid _____