

***Cashiers United Methodist Church  
Mothers Morning Out Enrollment Agreement  
for 2023 – 2024***

Please check which days your child \_\_\_\_\_ will attend.  
Child's Name

A registration fee of \$25 per child should have already been paid to hold your child's spot.

\_\_\_\_\_ \$100 per month ~ 1 day a week ~ Monday, Tuesday, Wednesday, Thursday, Friday  
(please circle the day your child will attend)

\_\_\_\_\_ \$200 per month ~ 2 days a week ~ Monday, Tuesday, Wednesday, Thursday, Friday  
(please circle the 2 days your child will attend)

\_\_\_\_\_ \$300 per month ~ 3 days a week ~ Monday, Tuesday, Wednesday, Thursday, Friday  
(please circle the 3 days your child will attend)

\_\_\_\_\_ \$400 per month ~ 4 days a week ~ Monday, Tuesday, Wednesday, Thursday, Friday  
(please circle the 4 days your child will attend)

\_\_\_\_\_ \$500 per month ~ 5 days a week ~ Monday, Tuesday, Wednesday, Thursday, Friday  
(please circle the 5 days your child will attend)

If your child will attend less than two consecutive weeks at a time, you will be considered a "Drop in". The drop-in rate is \$40 per day Please call 828-743-5298, a day ahead to ensure space is available

**Checks should be made payable to Cashiers United Methodist Church, or CUMC is fine.**

Your child will need to bring a lunch with him/her to MMO each day. MMO will provide a snacks. Please bring a change of clothes and diapers or extra underwear. Please make sure all cups, lunch boxes, diapers, clothes and other items left for your child are labeled with your child's name. Items also can be left in your child's cubby at the church.

**CUMC Mothers Morning Out**  
**Information Form**

Today's Date      /      /      Child's Birth date      /      /

Full name of child \_\_\_\_\_

Name child prefers to be called \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Father's occupation \_\_\_\_\_

Mother's Full Name \_\_\_\_\_

Mother's occupation \_\_\_\_\_

Who does the child reside with? \_\_\_\_\_

Mailing address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home phone \_\_\_\_\_

Father's Cell \_\_\_\_\_ Mother's Cell \_\_\_\_\_

Father's Business phone \_\_\_\_\_ Mother's Business phone \_\_\_\_\_

Name of doctor \_\_\_\_\_ Phone \_\_\_\_\_

If parents cannot be reached, contact (please list home, work & cell phone):

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relatives or friends who may pick up your child:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Names of siblings \_\_\_\_\_

Church affiliation, if any \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian stating all information is correct.

## Medical History/ Special Considerations

Is your child allergic to any of the following? (If so please describe)

Food or beverages: \_\_\_\_\_

Medications: \_\_\_\_\_

Materials/environmental allergens: \_\_\_\_\_

Does your child have any medical conditions that we should be aware of? (If so please explain)

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Does your child have any special needs or considerations to be made?

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We will also need a copy of your Childs immunization records to keep on file.

## Emergency Treatment Authorization

In the event of an illness or accident which requires immediate medical treatment at a time when a parent cannot be reached, I give permission for the Director of Mothers Morning Out, or other Mother's Morning Out personnel designated by the Director, to authorize such treatment. I will not hold Cashiers United Methodist Church or the Mothers Morning Out program personnel responsible. This is done with the understanding that every attempt will have been made to contact the parents, the child's physician, and the other persons listed for emergency contact.

Date \_\_\_\_\_ Signed \_\_\_\_\_

(Parent or Legal Guardian)

## Cashiers United Methodist Church Mother's Morning Out

I give permission for my child's photograph to be taken by Mother's Morning Out staff for use within the childcare area, in church publications, communications both for print and for electronic distribution including the church website and social media sites.

Child's Name \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_

I do not give permission (revoke permission) for my child's photograph to be taken by Mother's Morning Out staff for any use outside the childcare area.

Child's name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_



**I give permission for the staff of Mother's Morning Out to apply sunscreen to my child. We provide Coppertone Baby SPF 50 spray-on sunscreen. If you would prefer another brand, please provide the spray-on brand of your choice to keep in your child's cubby.**

Date \_\_\_\_\_ Signed \_\_\_\_\_

(Parent or Legal Guardian)

Cashiers United Methodist Church  
Mothers Morning Out

Parent Handbook Acknowledgement

I \_\_\_\_\_ parent of \_\_\_\_\_ have  
received, reviewed and agree to all contents of the parent handbook as given to  
me on \_\_\_\_\_ (date).

Signed: \_\_\_\_\_