

**CUMC Mother's Day Out  
Enrollment Application**

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

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Birthday \_\_\_\_\_

Mother's Name \_\_\_\_\_ Employer \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Employer \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Health Problems or allergies \_\_\_\_\_

In an emergency, if the parents cannot be reached, please notify:

1. \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

2. \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

3. \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

The following people may pick up my child (in addition to parents):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Enrolling for the following days of the week: \_\_\_ Tues. \_\_\_ Wed. \_\_\_ Thurs.

If a medical emergency occurs and I cannot be reached, I authorize the persons in charge of the CUMC Mother's Day Out to take my child to the nearest emergency room and/or call my physician. I assume all financial responsibility for any accidents occurring while at Mother's Day Out or on the premises of Choctaw United Methodist Church.

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Parent or Guardian Signature