

## **Methodist Mother's Morning Out**

Thank you for your interest in the Methodist Mother's Morning Out (MMO) program.

This program is for infant and toddlers whose age is between 3 and 36 months on August 1<sup>st</sup> of the school year.

The preschool is a non-sectarian, not-for-profit school which serves to allow a child to become accustomed to being away from home on a regular basis. Our goal is to provide experiences to help your child grow socially, academically and physically in a nurturing, Christian environment.

Two MMO sessions are available. Both classes meet from 9-12. One class is available M/W/F and the other meets on T/Th. Each class enrolls up to twelve (12) children and is team taught by two teachers. Class size is very limited and dependent on children's ages.

The total tuition for the school year for the 3 day session is \$1170 which should be paid in monthly payments of \$130. Total tuition for the 2 day session is \$900 to be paid in monthly payments of \$100.

\*\*\* A \$25 registration fee is due at the time of registration.

**A Registration Form is attached.**

Director: Heather Warbritton

635-6886

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1. Child's full name \_\_\_\_\_ 2. Sex \_\_\_\_\_

3. Name child is called \_\_\_\_\_ 4. Date of birth \_\_\_\_\_

5. Brothers (name, age) \_\_\_\_\_ Sisters \_\_\_\_\_

6. Father's name \_\_\_\_\_ Mother's name \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone # \_\_\_\_\_ E-mail \_\_\_\_\_

7. Father's occupation \_\_\_\_\_

8. Mother's occupation if outside the home \_\_\_\_\_

9. Who cares for the child if both parents work? \_\_\_\_\_

10. Previous school / group experiences  
\_\_\_\_\_

11. Church affiliation \_\_\_\_\_

12. Additional information about family, environment, etc.  
\_\_\_\_\_  
\_\_\_\_\_

13. Are there any health concerns or conditions we should be aware of?  
\_\_\_\_\_

**Yes, I have read and understand the attached information sheet and agree to those terms.**

\_\_\_\_\_  
Signature of applicant

RANK SESSION PREFERENCE:

Monday/Wednesday/Friday \_\_\_\_\_

Tuesday/Thursday \_\_\_\_\_

EXTENDED CARE (7:45-9:00 AM) \_\_\_\_\_

\_\_\_\_\_  
Relationship to child                      Date

=====  
Date recv'd \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_ Date acknow'd \_\_\_\_\_

