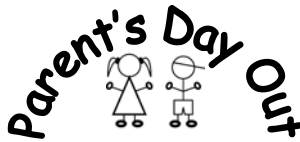


Start Date: _____
 Days: M T W TH FRI
 Reg. Fee: Amount Paid \$ _____
 Cash Check # _____



Mullins United Methodist Church

4 North Mendenhall
 Memphis, TN 38117
 901-681-9217

Office Use Only
 Director Approval _____
 Date Submitted _____
 Database Record _____
 NEW CHILD _____
 SUMMER _____
 RE-ENROLL _____

Enroll Fee \$75

Child's Name: _____ **Name Goes By** _____

Date of Birth: ____/____/____ **Boy:** ____ **Girl:** ____ **Church Affiliation:** _____
Month Day Year First Last

Allergies/Special Needs: _____

Custody Issues to Be Aware Of:

I give permission for Mullins PDO to use photos of my child in PDO publications and/or promotional materials: () yes () no
 I give permission for Mullins PDO to release my name, address and phone number for party invitations etc.: () yes () no

Father/Guardian Name: _____
Home Phone # (____) _____ **Work Phone #** (____) _____ **Cell #** (____) _____
Number to Call First: _____ **Email Address:** _____
Home Address: _____
Street City State Zip

Mother/Guardian Name: _____
Home Phone # (____) _____ **Work Phone #** (____) _____ **Cell #** (____) _____
Number to Call First: _____ **Email Address:** _____
Home Address: _____
Street City State Zip

Emergency Contacts & Authorized Pick Up People

<u>Name</u>	<u>Home #</u>	<u>Cell #</u>	<u>Relationship to Child</u>
_____	(____) _____	(____) _____	_____
_____	(____) _____	(____) _____	_____
_____	(____) _____	(____) _____	_____

Doctor: _____ **Phone #** (____) _____ **Hospital Preference:** _____

Siblings:

<u>Name</u>	<u>Date of Birth</u>	<u>Attends(ed) Mullins PDO?</u>
_____	____/____/____	() Yes () No
_____	____/____/____	() Yes () No

I, the undersigned, acknowledge that I am the natural parent/ legal guardian of above child and I have/share legal custody. If I can't be reached in an emergency, I authorize the above persons listed and/or Mullins United Methodist Church personnel to obtain the necessary treatment for my child. I waive any claim of liability on behalf of Mullins United Methodist Church or employees for accidents/injuries or for efforts to obtain treatment for my child.

- _____ I understand that the **Enrollment fee is non-refundable** and must be paid to secure space in the PDO program.
- _____ I will provide a current record of immunizations no later than the first day of attendance at Mullins PDO.
- _____ I am aware that the tuition is due the first week of the month **regardless of days missed** for illness, inclement weather, travel etc.
- _____ A **two week notice** is required if I withdraw my child from the program and all fees must be paid in full up until that date.
- _____ I understand that there are no reimbursements or refunds from Mullins Parent's Day Out.

Parent's Signature

Date