



Mom's Day Out Program Kent United Methodist Church Ages 6 Months to Pre-Kindergarten Registration 2016-2017

Mom's Day Out is a community outreach program of Kent United Methodist Church. It was organized by a group of mothers to provide a safe and nurturing atmosphere for their children, allowing them some personal time. The children are divided into age groups to better provide age appropriate activities. The children take part in creative and social activities such as drawing, painting, stories, songs, crafts, snack time, and free play. Enrollment is open to children from 6 months to 5 years of age. The hours are from 9am to 12pm, Wednesday, Thursday, or Friday, September through June. Enrollment is limited to one day a week, per child.

Tuition and Fees

There is a yearly \$45 non-refundable registration fee per child that covers supplies. **The registration fee MUST accompany the registration form** in order for the form to be processed. Registration fee(s) will be refunded if we are unable to place your child(ren). Tuition is \$45 per month, per child. Due to our obligation to pay teacher salaries, there are no deductions for missed days. First and last month's tuition are required before your child starts. Please make all checks payable to 'MDO'. If you have any questions, please contact Jamie King at (253) 797-0770 or jamie_m_king@yahoo.com.

Worker Day Obligations

Each family is required to assist as a Parent Helper **two times per year, per child**. Specifics regarding these work days are outlined in the Parent Program Handbook, which is issued at orientation. An email with a link to 'Sign-Up Genius' will be sent at the beginning of the year to notify you of your two Helper Days. For questions, please contact Kristin Gavic at (253) 709-9484 or pristinkratt@hotmail.com.

Location and Registration

We are located on the Kent United Methodist Church campus. To register, please complete and return **ONE REGISTRATION PACKET PER CHILD**, along with your \$45 non-refundable registration fee per child, to: Mom's Day Out, % KUMC, 11010 SE 248th St, Kent, WA 98031. Registration packets can be picked up at Kent MDO or emailed to you. Current families can also pick up a packet in their child's classroom. For more information or to obtain a packet, please contact the Registrar, Samantha Bowman at (208) 659-6571 or samanthab20@gmail.com.

2016-2017 Registration Dates

Current Families -- February 10, 2016

Waitlist Families -- February 24, 2016

Open to Public -- March 2, 2016

Mom's Day Out Payment Information

1. Monthly tuition is **due by the 7th** of EACH month
Note: A late fee of \$5 will be owed after that
2. Please make checks/money orders payable to:
MDO - Mom's Day Out
3. Please label checks with child's **NAME, DAY, CLASS**
EX: Jane Smith, W, Nrsy or Jack Smith/FR/L3
4. Cash payment **MUST be the exact amount of \$45** each month AND
labeled with child's **NAME, DAY, CLASS**
5. Submit any Registration Fees to the Registrar, and any Fundraising or
non-tuition related payments in the envelopes provided for that purpose.

Thank You!
MDO Board



Mom's Day Out Program
 Kent United Methodist Church
 Ages 6 months to Pre-Kindergarten
 Registration for 2016-2017

NAME: _____			
<input type="checkbox"/> ALLERGY	WED	THU	FRI
	NUR	L-1	L-2 L-3
<input type="checkbox"/> Teacher/Board	# DAYS: 1 2 3		
<input type="checkbox"/> KUMC Member	PHOTO RELEASE: YES NO		
MDO USE ONLY			

Child's Name: _____ Birthdate: _____ Gender: _____ Nickname: _____

Parent Name: _____ Phone: _____ Cell:() Home:() Email: _____

Parent Name: _____ Phone: _____ Cell:() Home:() Email: _____

Home Address: _____ City: _____ State: _____ Zipcode: _____

Day(s) you are interested in: *(Indicate 1st choice with #1, 2nd choice with #2, and 3rd choice with #3):*

Wednesday: _____ **Thursday:** _____ **Friday:** _____

Are you: Currently Enrolled: _____ **Currently Waitlisted:** _____ **Sibling Enrolled:** _____ **New/Never Enrolled:** _____

If applicable, please check the following: KUMC Member: _____ MDO Teacher: _____ MDO Board Member: _____

List siblings (Name & Age): 1: _____ 2: _____ 3: _____

Persons, other than parent(s), who may pick up your child:

1: _____ 2: _____ 3: _____

Is there anyone, for legal or personal reasons, your child should not be released to:

1: _____ 2: _____ 3: _____

Persons, other than parent(s), to notify in case of an emergency:

Name: _____ Phone #: _____ Relationship to Child: _____

Name: _____ Phone #: _____ Relationship to Child: _____

Name: _____ Phone #: _____ Relationship to Child: _____

Allergies: _____

Dietary Restrictions: _____

Medical Concerns: _____ Medication: _____

Vision Concerns: _____ Wear Glasses: _____

Hearing Concerns: _____ Speech Concerns: _____

Has your child had previous experience in other social settings? (Preschool, Sunday School, etc.):

Please list: _____

Is your child potty trained? (Not a requirement for the program): YES () NO ()

How did you hear about the MDO Program? Website / Facebook / Preschool Fair / Referral: _____

MDO USE ONLY	
REG. FEE: YES NO AMOUNT: \$ _____	DATE REC'D: _____
PAYMENT TYPE: CHECK #: _____ / CASH / MO	REC'D BY: _____

NAME: _____

RELEASE FORM FOR CONSENT FOR EMERGENCY CARE

Hospitals often cannot treat or care for children without consent from parents or legal guardians. This can cause problems if the child has a medical emergency when parents or guardians cannot be reached by the hospital to obtain consent. Please complete and sign this form; it is required for enrollment in our program.

I, _____, the natural parent/legal guardian of _____, authorize and consent to medical, surgical, and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child. I am giving informed consent to such treatment.

Does your child have any known allergies?: Yes () No () Epi-pen required?: Yes () No ()

List allergies and reactions: _____

Signature of Parent/Guardian: _____ **Date:** _____

RELEASE FORM FOR CHILDREN/YOUTH MEDIA RECORDING

I, _____ the undersigned, do hereby grant or deny permission to use the image of my child, _____, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Web site.

(Check one):

_____ Deny permission to use my child's image at all. (If there are any exceptions, please include circumstances and consent here: _____)

_____ Unrestricted usage: I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

Signature of Parent/Guardian: _____ **Date:** _____

WASHINGTON STATE PATROL

Identification and Criminal History Section
PO Box 42633, Olympia WA 98504-2633



REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845

<p>A REQUESTING AGENCY/ADDRESS</p> <p><u>Kent United Methodist Church Mom's Day Out</u> Agency</p> <p><u>Kent United Methodist Church</u> Attn</p> <p><u>11010 SE 248th St.</u> Address</p> <p><u>Kent, WA 98030</u> City/State/Zip</p> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <p>_____ Date</p> <p>Authorized Signature</p> <p><u>Office Administrator</u> (253) 852-3900 Title Area Code/Phone Number</p>	<p>B PURPOSE</p> <p>Check appropriate box</p> <p><input type="checkbox"/> Educational School District (ESD)/School District Volunteer – no fee</p> <p><input checked="" type="checkbox"/> Non-Profit Business/Organization – no fee (Excluding Schools & ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$17</p> <p><input type="checkbox"/> Adoptive Parent - \$17</p> <p><input checked="" type="checkbox"/> Receive background results electronically</p> <p>Email address <u>general@kentmethodist.com</u></p> <p>Password _____ (must be at least 8 characters)</p> <p>Fees: Make payable to Washington State Patrol by check, money order, or business account.</p> <p>Notary letters certifying the results are available upon request. There is an additional \$10.00 processing fee per notary seal.</p> <p>_____ Notarized Letter(s)</p>
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C APPLICANT OF INQUIRY (Please provide as much information as possible; name and date of birth are mandatory.)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name(s): _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.

D WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.

Kent United Methodist Church
Requesting Agency

Applicant's Signature

Applicant's Name

Address

City/State/Zip

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