

MIDDLETOWN UNITED METHODIST CHURCH

Licensed by the Maryland Child Care Administration

7108 Fern Circle, Middletown, Maryland 21769

(301) 371-8680 Fax (301)371-6025

www.mtownumc.org

kidsclub@mtownumc.org

Fall 2022 / Spring 2023

Parents Time Out Registration

- * For children ages 2, 3, or 4 years old
- * Tuesday/Thursday class (\$175 per month) or Monday/Wednesday/Friday class (\$225 per month)
- * Staff to Child Ratio: 1:6
- * Snack provided, Craft/Art Project to make and take home

NO CHILD WILL BE ADMITTED UNTIL ALL REGISTRATION REQUIREMENTS
ARE COMPLETE.

Registration is SEPARATE from the Preschool Registration.

**** REGISTRATION REQUIREMENTS to be turned in at time of registration****

- **Registration Form and Emergency Form (One for each child)**
- **\$50 non-refundable registration fee per family** for PTO, Kids Club or combination; checks payable to MUMC (separate from preschool registration fee.)

**** REGISTRATION REQUIREMENTS to be turned in before starting PTO ****

- **Health Inventory (Includes current Immunizations and Lead Test)** - Parents are required to submit an updated immunization record as new immunizations are received.
Health Inventory for new children must be turned in before the start of PTO but not at time of registration. Please keep these forms to be filled out at a later date.
- **Allergy and/or Asthma Action Plan and Medical Forms signed by doctor** (if applicable)

***NO child can be admitted to PTO without required health forms
as regulated by the Maryland Child Care Administration***

Registration forms may be returned beginning **Thursday, January 27th at 9:00** if you are currently enrolled in **MUMC Kids Club/PTO/Preschool**. Church members may return forms Wednesday, January 26th, Alumni families may register Monday, January 31st. All other registrations will be accepted starting Thursday, February 3rd at 9:30.

PTO REGISTRATION

FALL 2022 / SPRING 2023

Today's Date _____

CHILD:

Name _____ Nickname _____ Birthdate _____ Sex _____

Home Address _____

Allergies / Medical Conditions _____

(See reverse side if needed)

Parent's Name _____ Authorized to pick up? Yes No

Home Phone _____ Cell phone _____ Work phone _____

Email address _____ May we share this with other parents? Yes ___ No ___

Parent's Name _____ Authorized to pick up? Yes No

Home Phone _____ Cell phone _____ Work phone _____

Email address _____ May we share this with other parents? Yes ___ No ___

Please indicate which class you would prefer (you may put 1st and 2nd choice)

Monday / Wednesday / Friday class _____ \$225.00 per month (9:00 - 12:00)

Tuesday / Thursday class _____ \$175.00 per month (9:00 - 12:00)

Is your child also enrolled in a MUMC Preschool class? _____

EMERGENCY MEDICAL CONSENT

I, _____, hereby give my consent for *Emergency Medical Care* to be provided for my child _____ by *MUMC PTO/KC* staff while (he, she) is in their care.

PHYSICIAN _____

Insurance Provider _____

Policy # _____ Phone # _____

In EMERGENCIES requiring immediate medical attention, 911 will be called and/or your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at *MUMC PTO/KC* to have your child transported to that hospital.

Signature of Parent/Legal Guardian _____ Date _____

Office Use Only: Date Registration Rec'd _____

Reg Fee (\$50) Check # _____

Please complete the following page ONLY if your child has medical conditions or emergency medical instructions. If medication must be given to your child, you must also have MSDE Medical forms completed by your Health Practitioner.

- Complete the following items, as appropriate, if your child has a condition(s) which might require emergency medical care.

Child's Name: _____ Date of Birth: _____

Medical Conditions(s): _____

Medications currently being taken by your child: _____

EMERGENCY MEDICAL INSTRUCTIONS:

1. Signs/Symptoms to look for: _____

2. If signs/symptoms appear, do this: _____

3. To prevent incidents: _____

OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEEDED

COMMENTS: _____
