

**Pineville UMC Parents' Morning Out Program
Registration Form**

*(to register, please complete one form per child and remit a registration fee of \$60 per family)
(please make checks payable to Pineville United Methodist Church, memo: PMO)*

Child's Name _____ Name called _____

Date of Birth _____ Gender: ___ Female ___ Male

Parent/Guardian(s)' Name(s) _____

Address(es) _____

Home Phone(s) _____

Cell Phone(s) _____

Special Needs or Instructions (allergies, etc.) _____

Pediatrician's Name/Office and Phone Number _____

Health Insurance Carrier _____

Siblings enrolled in Pineville UMC PMO or Preschool:
(name) _____ (age) _____

People designated to pick up your child(ren) from Pineville UMC PMO:
(name) _____ (contact number) _____

Are you a member of Pineville UMC? ___ Yes ___ No
If you are not a member, would you like information about the programs and worship services
here at Pineville UMC? ___ Yes ___ No

for office use only:

date family registration fee paid: _____

child's ID number: _____

**Pineville UMC Preschool
Registration Form**

(To register, please complete one form per child and remit a registration fee of \$60.00 per child.)
(Tuition is \$160.00 per month for Tuesdays, Wednesdays, and Thursdays from 9am - 12 noon.)
(Please make checks payable to Pineville United Methodist Church, memo: Preschool)

Child's Name _____ Name called _____

Date of Birth _____ Gender: ___ Female ___ Male

Parent/Guardian(s)' Name(s) _____

Address(es) _____

Home Phone(s) _____

Cell Phone(s) _____

Special Needs or Instructions (allergies, etc.) _____

Pediatrician's Name/Office and Phone Number _____

Health Insurance Carrier _____

Siblings enrolled in Pineville UMC PMO or Preschool:
(name) _____ (age) _____

People designated to pick up your child(ren) from Pineville UMC Preschool:
(name) _____ (contact number) _____

Are you a member of Pineville UMC? ___ Yes ___ No
If you are not a member, would you like information about the programs and worship
services here at Pineville UMC? ___ Yes ___ No

for office use only:
date family registration fee paid: _____
child's ID number: _____