



GENESIS MOM'S MORNING OUT

2024-25 Registration Form

A Ministry of Pendleton Center United Methodist Church
6864 Campbell Blvd. N. Tonawanda, NY 14120
(716) 625-8306 Fax # 625-8192

Child's Name _____ Nickname (if any) _____

Sex: Male Female

Date of Birth ___/___/___

Enrollment Choices (✓ One)	Tuition Choice (✓ One)
<input type="checkbox"/> Monday AND Friday	<input type="checkbox"/> Annual \$1,036, due 10/1/24 <input type="checkbox"/> Monthly \$120/month, due 1 st of each month
<input type="checkbox"/> Tuesday AND Thursday	<input type="checkbox"/> Annual \$1,105, due 10/1/24 <input type="checkbox"/> Monthly \$128/month, due 1 st of each month
<input type="checkbox"/> Wednesday Only	<input type="checkbox"/> Annual \$540, due 10/1/24 <input type="checkbox"/> Monthly \$63/month, due 1 st of each month

You will only receive 9 bills since the program runs from mid-September to mid-June. The amount due is the same each month, even though we will be open more days in some months than others.

Child Lives With: Father Mother Both Parents Other Family's Church Affiliation: _____

Father's Name _____

Mother's Name _____

Address _____

Address _____

Phone _____ (H/C/W)

Phone _____ (H/C/W)

Alternate Ph. _____ (H/C/W)

Alternate Ph. _____ (H/C/W)

Occupation _____

Occupation _____

Email: _____

Email: _____

If Other: Name _____

Phone _____

Address _____

Names & Birth Dates of brothers & sisters:

1) _____ 3) _____

2) _____ 4) _____

Payment Responsibility Father Mother Both Parents Other

If Other: Name _____ Phone _____

Address _____

Child's Name _____ **2024 Genesis Mom's Morning Out**

Does your child have any allergies? No Yes, allergic to: _____

Please provide any family or behavioral information we need to know: _____

Contact Information – Please list in order of preference, the phone numbers where we can reach *you or someone else* in case of illness or emergency:

Full Name	Relationship to child	Primary Phone # and Type (Cell, Home, Work)	Alternative Phone # and Type (Cell, Home, Work)
1.			
2.			
3.			
4.			

Child's Source of Medical Care/Primary Care Physician's Name	Phone Number
Child's Source of Dental Care/Dentist's Name	Phone Number

*****In the event the above persons cannot be reached, I give "Genesis" personnel the authority to sign for emergency medical treatment.**

Signature _____ Date _____

Drop Off & Pick Up Authorization List – Please list anyone, *including your emergency contacts*, you would authorize to drop off or pick up your child from Mom's Morning Out. Please let us know if there are any changes to this list during the school year. **Please Note: We will not release your child to ANYONE ELSE unless you have sent in a signed note ahead of time requesting us to do so!**

Full Name	Relationship to Child	Primary Phone
1.		
2.		
3.		
4.		
5.		