

MOTHER'S DAY OUT 2017/2018 REGISTRATION FORM



Mother's Day Out is a day care program for preschool children (age two and a half to five years old). It is a program sponsored by Wesley United Methodist Church, 2510 N. Armistead Avenue, Hampton, Virginia, 23666 as a service to the community. The church phone number is 757-838-3044.

Two, three and five-day programs are available. Tuition is due on the first day of class each month. Checks should be made out to **Wesley UMC**. Mother's Day Out operates Monday-Friday, from 9:00am-12:30pm. The program follows the Hampton City School calendar, beginning the Tuesday after Labor Day, but ending the Friday before Memorial Day. Classes are based on enrollment and age of the registered children, and are usually determined mid to late August.

There are two classes in session each day, with no more than 10 children per room. A parent HELPER is assigned each day, and is required to attend Wesley's Child Protection (CPC) class. The HELPER will assist with crafts, snacks and bathroom time. **Parent HELPER sign-ups are MANDATORY, and a valuable component to the success of Mother's Day Out.** Your help is very much appreciated.

Program Days	Tuition per month + \$50 Supply Fee (one time fee)	Approx. # of HELPER days (MANDATORY)
2-days per week, Tues/Thurs	\$100.00	1 day per month
3-days per week, M/W/F	\$150.00	1 day per month
5-days per week, Mon – Fri	\$200.00	2 days per month max

A birth certificate and current shot record are required at the beginning of each school year, before the 1st day. Children **must** be two and a half before the 1st day of school, September 5th, 2017. The registration fee is **\$40.00 per child, non-refundable, and must be paid in full to ensure their placement.**

For further information, please contact the Director – Shelley Domville, 757-344-7885, or via email at wesleyumcmdo@gmail.com



Cut and keep top portion and return bottom portion to Mother's Day Out

Please include \$40.00 Non-Refundable Registration fee with this form.

Office use only--Date form turned in: ___ / ___ /2017				Check# _____		or Cash _____	
Child's Full Name:						DOB:	
Address:							
City:				State:		Zip:	
E-mail Address:							
Parents' Names:							
Home Phone #		Cell#		Cell#			
Please check to the left of desired program or circle the desired program:							
_____ 2-day, Tues/Thursday		_____ 3-day, Mon/Wed/Fri		_____ 5-day, Monday-Friday			
Additional Comments:							