

MOTHER'S DAY OUT 2024/2025 REGISTRATION FORM

Mother's Day Out is a religious exempt from licensure half day care program for children (age two and a half through five years old). It is a program that has been sponsored by Wesley United Methodist Church, 2510 N. Armistead Avenue, Hampton, Virginia, 23666 for over 40 years as a service to the community. Wesley UMC MDO employs CPR , first aid and Aed certified, medically released, background checked providers. Wesley UMC provides spacious and well-kept areas available for the MDO program to utilize (i.e., classrooms, playground, fellowship hall, chapel). The Mother's Day Out program at Wesley UMC is covered by public liability insurance.

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, although we begin the Tuesday after Labor Day, and end the Friday before Memorial Day.

Mother's Day Out will enroll a maximum of 36 children offering 2, 3, and/or 5 day classes. A mid-morning snack will be provided. A parent HELPER is assigned each day and is required to review Wesley's Child Protection Policy. **Parent HELPER sign-ups are a valuable component to the success of Mother's Day Out.** Your help is very much appreciated.

Program Days	Tuition per month + \$200 Supply Fee (one time fee)	Approx. # of HELPER days
2-days per week, Tues/Thurs	\$175.00	1 day per month
3-days per week, M/W/F	\$225.00	1 day per month
5-days per week, Mon – Fri	\$275.00	2 days per month

A birth certificate and current shot record with a physical form are required at the beginning of each school year, before the 1st day. The registration fee is **\$75.00 per child, non-refundable, and must be paid in full to ensure their placement.**

For further information, please contact the Director – Laurie Burt, 757-508-7196, or via email at wesleyhptmdo@gmail.com

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

Please include \$75.00 Non-Refundable Registration fee with this form.

Office use only--Date form turned in: ___/___/2024				Check# _____		or Cash _____	
Child's Full Name:						DOB:	
Address:							
City:				State:		Zip:	
E-mail Address:							
Parents' Names:							
Home Phone #				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:							