Nashville Methodist Mommy's Morning Out 2025 Application

Child's Name:

_____

(Last) (First) (MI) (Name Called By)

Birth Date:_____ Age _____ Sex: Male _____ Female _____

Please mark your child's priority for enrollment:

Church member _____ Previously Enrolled _____ Currently Unaffiliated _____

Parents are **REQUIRED** to pay for the day that **YOU REQUEST** - **AT PICKUP**. **If you do not bring your child on the day that you request, an invoice will be sent for you for that day. Children need to bring snacks, diapers and any necessary items with them each AM or PM.**

INFORMATION ABOUT THE FAMILY: Identification will be requested.

Mother/Guardian's Name _____Home Phone _____ Cell Phone _____

Address _____ Zip _____

Where Employed _____Business Phone _____ Email _____

Father/Guardian's Name _____Home Phone _____ Cell Phone _____

Address _____ Zip _____

Where Employed _____Business Phone _____ Email _____

Names and ages of siblings/others living in home _____

Insurance Carrier _____ Policy # _____

Space for Mommy's Morning Out (MMO) is filled on a first come first serve basis. We will take 10 students on an AM and PM daily basis. Reservation for a space should happen by message through the app brightwheel. Once your form is returned to the office, you will be registered into brightwheel. When you want your child to attend MMO, you will need to send a message to Kimberly House, director. She will respond to let you know if you have been approved for the day. If you reserve a space and fail to inform the school that your child will not be attending that day, you will be held responsible for that payment. MMO is $25/a half day AM **OR** PM. Payment is expected at PICKUP.

INFORMATION ABOUT YOUR CHILD:

Does your child have any known allergies? No ___ Yes ___ * If yes, please explain_____
*(Use back of form if needed)

Please give any information concerning your child which will be helpful for staff to know (such as fears, likes or dislikes, any special needs). If there are custody issues with a child, a meeting should be set up with the legal guardian of the child and the KidSpace
Director.

_____

_____

EMERGENCY CARE INFORMATION:

Name of child's doctor _____ Office Phone _____

Name of child's dentist _____ Office Phone _____

Hospital preference _____ Phone _____

In case of sickness or accident, if neither father nor mother (or guardian) can be contacted, call:

Name _____ Cell Phone _____ Home Phone _____ Relationship _____

Name _____ Cell Phone _____ Home Phone _____ Relationship _____ (These emergency contacts should be local residents because they may be asked to pick up a sick child.)

<u>Pick-up Information (People Authorized to pick-up your child from camp)</u> Identification will be requested.

Name: _____ Phone Number: _____

Relationship to Child: _____

Name: _____ Phone Number: _____

Relationship to Child: _____

Name: _____ Phone Number: _____

Relationship to Child: _____

Parent or Guardian's Signature: _____ Date: _____

***Please submit an updated copy of vaccination records.**
*Submitting this application does not necessarily mean your child will be enrolled in the NUMC Kidspace Summer Camp. If your child is admitted, you will receive an email or phone call as to the status of your application.

Office Use Only Received on: _____ Initial: _____