



LITTLE WILLOWS MOTHER'S DAY OUT PROGRAM* 2010-2011 REGISTRATION FORM

Willow Hill United Methodist Church

*The "Mother" in Mother's Day Out is a relative term. A father, foster parent, grandparent, or other guardian is welcome to participate.

**Note: If you are enrolling more than one child, please complete a separate form for each.
Please print clearly using blue or black ink.**

Child's Name: _____
Last First Middle

Child's Birth Date: _____ Nickname (if any): _____

Parent/Guardian Name(s): _____ Home Phone: _____

Parents' E-mail: _____ Cell Phone: _____

Street Address: _____

City / State / Zip: _____

Emergency Contact Person: _____ Phone: _____
(Please list someone other than the parent.)

*****Please let us know if any information on this form changes, especially addresses or phone numbers.**

Please circle your first choice of class session in the appropriate age group.

All classes run 9:00 a.m. - 12:00 p.m. from September 13 through May 12.

Children must be the appropriate age by January 1, 2011.

Wee Willows (2's)

Winsome Willows (3's)

Wondrous Willows (4/5's)

Monday *only*

Monday *only*

Monday *only*

Tuesday *only*

Wednesday *only*

Monday and Wednesday

Wednesday *only*

Monday and Wednesday

Tuesday and Thursday

Thursday *only*

Tuesday and Thursday

Tuesday/Wednesday/Thursday

Please indicate a 2nd choice in case your 1st choice is not available:

Help us get to know your child by completing the following questions.

1. Does your child have any special health or developmental concerns? Yes No
If "Yes," please explain: _____

2. Does your child have any food allergies or diet restrictions? Yes No
If "Yes," please explain: _____

4. Your child's doctor: _____ Phone: _____

5. Names of any sisters or brothers: _____ Age: _____
_____ Age: _____

6. Is there anything else you think we should know about your child? Yes No
If "Yes," please explain: _____

PERMISSIONS / SIGNATURES:

1. LITTLE WILLOWS DIRECTORY: I give the Little Willows Mother's Day Out Program consent to use my child's name and birth date as well as my name and phone number in a Little Willows Program Directory.
Parent/Guardian Signature: _____

2. MEDICAL CONSENT: I give consent for emergency medical care or treatment of my child to be used if I cannot be reached.
Parent/Guardian Signature: _____

3. LIKENESS / IMAGE CONSENT: I give the Little Willows Mother's Day Out Program consent to use a likeness (e.g., photograph) of my child in church-related (e.g., newsletter, website) publications.
Parent/Guardian Signature: _____

4. PERSONS AUTHORIZED TO PICK UP: Besides the parent(s) or guardians listed above, the following people are authorized to pick up my child from the Little Willows Mother's Day Out Program:

(NAME)	(RELATIONSHIP)	(PHONE NUMBER)
1. _____	_____	_____
2. _____	_____	_____

Parent/Guardian Signature: _____

WILLOW HILL INFORMATION:

Would you be interested in serving as a substitute teacher in the Little Willows program? Yes No

Would you like to learn more about Willow Hill United Methodist Church? Yes No

Please return to: Little Willows Mother's Day Out Program
Willow Hill United Methodist Church
304 E. Far Hills Drive
East Peoria, IL 61611

Questions? Please contact Gina Hulett, Program Director, or Gina Keele, Assistant Director, at 309-383-2700 or ghulett@willowhill.org

(Office use only) Date received: _____ Enrollment Fee Payment: _____