



Parent's Morning Out Registration 2019-2020

Child's Full Name: _____ Preferred Name: _____

Address: _____ Zip: _____ Phone: _____

Birth Date: _____ Please Circle: Male Female

Father's Name: _____ Work Number: _____

Email Address: _____ Mobile Number: _____

Mother's Name: _____ Work Number: _____

Email Address: _____ Mobile Number: _____

Siblings' Names and Ages: _____

Days Available:

_____ Tuesdays

_____ Thursdays

I understand that one nonrefundable registration fee per family; equivalent to one month's tuition is needed to complete my child's registration for the upcoming school year. Tuition payments are due on the first of the month starting September 1, 2019.

Signature _____ Date _____

Please fill out one form per child and attach registration fee to the form.

Mail form to St. James UMC- 3808 St. James Church Rd. Raleigh, NC 27604