



## Registration for Mother's Morning Out

Child's Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Days Requested – Circle days of the week, in any combination. 3 days maximum

MONDAY      TUESDAY      WEDNESDAY      THURSDAY      FRIDAY

To register your child, please submit this form, along with your check for \$50, made out to Mother's Morning Out. This registration fee is non-refundable (unless you move out of the area).

PLEASE NOTE: Your child must be the appropriate age **on or before the September 1st**. A Child Immunization Record is required in accordance with the South Carolina DHEC immunization schedule at time of registration. **Exemption letters cannot be accepted.**

### 2024-2025 Rates:

1 day per week...\$50.00 per month

2 days per week...\$100.00 per month

3 days per week...\$150.00 per month

*Please return to:*

**Clemson United Methodist Church  
300 Frontage Road  
Clemson, SC 29631**

**Attn: MMO**