



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 \$80, 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.**

2026-2027 Rates:

1 day per week...\$65.00 per month

2 days per week...\$110.00 per month

3 days per week...\$170.00 per month

Please return to:

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

Attn: MMO