

Student ID#



# Weekday Preschool Children's Ministry

Mother's Day Out | Hope Preschool  
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Melissa Van Zant: Director

A Ministry of Hope United Methodist Church

## Mother's Day Out Application

Mother's Day Out (MDO) is offered as a ONE OR TWO day per week program. Please indicate which days you prefer by ordering them 1 (first choice) and 2 (second choice).

<b>MDO Little Tykes</b> <small>(child must be 18 mo. at start but NOT older than 2.5 on 9/1)</small>	<b>MDO Big Kids</b> <small>(Child must be 2.5 at time of start but 3 or younger on 9/1)</small>
___ Tues. 9:00AM – 12:00PM	___ Wed. 9:00AM-1:00PM
___ Thurs. 9:00AM - 12:00PM	___ Friday. 9:00AM-1:00PM
___ Tues. & Thurs. 9:00AM – 12:00PM	___ Wed. & Friday 9:00AM-1:00PM

### Demographics

Full Name of Child: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_  
Month Day Year

Sex: Male/Female

Address: \_\_\_\_\_  
Street Address City State Zip

School District: \_\_\_\_\_ Elementary School: \_\_\_\_\_

### Parent/Guardian/Family Information

Name	Relationship to Child	Contact Information <small>(please provide phone numbers of where we can best contact you)</small>
		Phone: ( ) ___-___ or ( ) ___-___ Email:
		Phone: ( ) ___-___ or ( ) ___-___ Email:

Status of Parents/Guardians (circle one):

Married Separated Divorced Single Foster Parents Adopted Parent Other

Name(s)/Birthdate of Siblings: \_\_\_\_\_  
\_\_\_\_\_

Others in your household:

\_\_\_\_\_

### Emergency Contact Information

List below the names of **at least TWO people** we can contact if a parent/guardian cannot be reached. Also, please **indicate by circling YES/NO** if this person is authorized to pick up your child from preschool.

Name	Relationship to child	Authorized to pick up my child?	Contact Information
		Yes/No	(    ) _____ - _____ (    ) _____ - _____
		Yes/No	(    ) _____ - _____ (    ) _____ - _____
		Yes/No	(    ) _____ - _____ (    ) _____ - _____
		Yes/No	(    ) _____ - _____ (    ) _____ - _____

Other Significant people in my child's life (step family, grandparents, babysitter, etc.):

Name:	Relation to child:
Name:	Relation to child:

### Child Information

Have you, your doctor or your family noticed any delay in your child's development that we should be aware of?  
 No  Yes (please explain):

\_\_\_\_\_

My child's strengths are: \_\_\_\_\_

My child needs to improve: \_\_\_\_\_

Have there been any recent births, deaths, adoptions or changes in your child's family structure which may affect your child? If so, briefly describe the situation and the effect on your child.

\_\_\_\_\_

\_\_\_\_\_

What opportunities does your child have to play with other children (circle all that apply)?

Neighborhood      Sunday School/Church      Cousins/Siblings      Other: \_\_\_\_\_

List your child's favorite play activities:  
 \_\_\_\_\_

What fears does your child have and how are they expressed?  
 \_\_\_\_\_



