

**Marion United Methodist
Parent Day Out Student Information**

Student Name: _____

Birthday: _____ Age: _____

Address: _____

Email updates: _____ or Number if you would like text updates _____ Are you a member of MUMC? _____

Parents: _____

Father Employment: _____ Phone: _____

Mother Employment: _____ Phone: _____

Emergency Contacts: _____

Additional Adults that are permitted to pick up my child:

Medical:
Physician Name & Number: _____

Allergies/Medical conditions: _____

Medications: _____

I _____ (print name) have read and understand the policies of MUMC PDO Program.

Signature _____ Date: _____

Monday student _____ Thursday student _____
\$75 registration fee paid _____

Please return form and registration fee to MUMC PDO Program

