

Enrollment Form
Krum United Methodist Church
Children's Day Out Program (CDO)

Please print legibly and mail completed form, along with Medical Release and \$50 to:
Krum UMC, PO Box 266, Krum, TX 76249

Name of Child _____ Gender: M___/F___

Date of Birth _____ Child's age on 09/01/2008 _____

Mother's Name _____ Mother's email _____

Home Phone # _____ Work Phone # _____ Cell Phone# _____

Street Address _____ City, Zip _____

Mother's Occupation _____ Work Address _____

Father's Name _____ Father's email _____

Home Phone # _____ Work Phone # _____ Cell Phone# _____

Street Address _____ City, Zip _____

Father's Occupation _____ Work Address _____

In an emergency, if parent or guardian cannot be located, contact the following people:

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

If your child is to be released to someone other than yourself, please notify the director in writing or list names and telephone numbers below.

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

List known allergies for your child: _____

Child's Physician and phone number: _____

Medical Release form attached? _____ \$50.00 non-refundable deposit per child _____

Names and birthdates of siblings not in the Krum United Methodist CDO program:

Home Church and Location: _____