

**County Line United Methodist  
Church**  
Mother's Morning Out & Preschool  
Program



**APPLICATION**

**Child's Name:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_  
(Underline name by which child is called) (mm/dd/yyyy)

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

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Calling Post Contact Number:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Church Affiliation:** N \_\_\_\_\_ Y \_\_\_\_\_ **Which one?** \_\_\_\_\_

**Current Marital Status: (circle one)** Married Separated Divorced Widowed

**Child lives with: (circle one)** Both Parents Mother Father Other

**Siblings (List in Order of Birth):**

	Name	Age	Applying for MMO?
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____