Date Night Co-Op Enrollment Form

Dates for Fall 2017 Session		Dates for Winter 2018 Session	
October 27	November 17	February 2	February 16
December 1	December 15	March 2	March 16
January 5	January 19	April 13	April 27

Enrollment Fee: Fall Only = $10 Winter Only = $10 Both Sessions = $20
(Make Checks Payable to: "NFUMC")

✚ Contact Information

Wife's Name: _____
Email: _____ **Cell Phone:** _____

Husband's Name: _____
Email: _____ **Cell Phone:** _____

Home Address: _____
_____

✚ Childcare Information

Please list the names and ages of all children that will attend (birth-5th grade): _____
_____
_____

Do you have a 6th-12th grader who will attend as a "Helper"? YES NO **If yes, please list the names and ages of all students that will attend:** _____
_____

✚ Medical Authorization and Release

I, _____, Parent or Legal Guardian of the above stated child/children, hereby authorize employees or volunteers of Noblesville First United Methodist Church to seek any Medical or Surgical treatment which may be necessary in an emergency, and in my absence, for the well being of the above mentioned minor(s).

Signature: _____ Relationship: _____

Printed Name: _____ Date: _____

✚ Other Information

Does your child have any allergies? ☑ YES☐ NO☐ If yes, please describe: _____
_____
_____

Number of Years Married? _____

Dinner Conversation Guidelines: "Four Do's and a Don't"

Do…

1.) Focus on each other.
2.) Be positive and respectful in your communication.
3.) Share at least one good thing about your spouse with them.
4.) Talk about your dreams, your fears, your joys, and your hopes.

Don't…

1.) Talk about finances, politics, schedules, or the kids.

Attendance Policy

We hope that you will make your marriage a priority by participating in the Date Night Co-Op. You may switch childcare days with other participants in the Co-Op when necessary. Please let the coordinator know at least 24-hours in advance of any changes to the schedule. If you miss one day when you are scheduled to provide childcare without making arrangements for another couple to cover for you, you will forfeit your space in the co-op for the remainder of the session. FYI: ALL Co-Op participants are required to provide childcare for 1 week during each 6-week session.

✚ Acknowledgement

I want to make strengthening my marriage a priority. I agree to follow the Dinner Conversation Guidelines and Attendance Policy.

_____ _____ _____ _____

Wife's Signature Date Husband's Signature Date

How did you hear about the Date Night Co-Op? ☑

☐ noblesvillefirst.com ☐ At Church ☐ At Preschool ☐ A Friend
☐ Other:_____

For Office Use Only ▼

Date Received: _____ By: _____

Check # _____ Amount Received: $ _____

Criminal Background Checks (check when completed): Wife ☐ Husband ☐