

Parent's Morning Out
Registration Form for 2011 - 2012

Faith Presbyterian Church
Attention: PMO/Kathy terSteeg
12007 Excelsior Blvd.,
Minnetonka, MN 55343

Director, Kathy terSteeg, 952.935.4481, Ext. 14
Kathy's E-mail: kathy@faithpres.org

<u>Age Range</u>	<u>PMO Fees</u>	<u>Staff/Child Ratio</u>
6 months-2 years	\$65/Month	1:4
2-3 Years	\$60/Month	1:5
3-5 Years	\$55/Month	1:5

Please complete all of the questions below, and then return this form along with your **registration fee of \$15 and September's tuition** to the address above.

Child's Name: _____ Male or Female (circle one)
Date of Birth: _____ / _____ / _____ Age on 8/31/11: Years ___ Months ___

Mother: _____	Father: _____
Address: _____	Address: _____
City/Zip: _____	City/Zip: _____
Phone: _____	Phone: _____
H _____ / _____	H _____ / _____
W _____ / _____	W _____ / _____
C _____ / _____	C _____ / _____
E-mail: _____	E-mail: _____

Social Development - Please be sure all of the blanks are filled in completely so our staff can better understand your child.

Social Behavior (circle all that apply) Friendly Cautious Outgoing

What do you expect for your child from **Parents Morning Out**? _____

Emotional Behaviors - Characteristic Behaviors: (circle all that apply)

Calm Excitable Easily angered Whining Crying Happy Cheerful Determined
Cooperative Quiet Independent Active Physically Aggressive Temper Tantrums
Gives in Easily Wants own Way Enthusiastic

Areas of interest for the 6 mo – 2 years class:

1. Does your child use a nuk or blanket? Please circle
2. Is your child held a lot? Yes No
3. What helps your child calm down when crying?

- _____
4. Toys your child may enjoy playing with: (Please circle all that apply)
 dolls puzzles cars blocks crafts playdoh

Is your child a special needs child? Provide details. _____

Are there any other instructions needed for your child's needs or safety? _____

Authorized Persons

Names of Persons authorized to take a child from our **Parents Morning Out** program.

Note: Please include carpool names.

Name and cell phone # _____

Name and cell phone # _____

Un-Authorized Persons

Names of Persons **not** authorized to take a child from our **Parents Morning Out** program.

Name and cell phone # _____

Name and cell phone # _____

Emergency Phone #'s:

(Other than yourself or spouse)

_____	_____	_____
Name	Relationship	(Area) Phone

_____	_____	_____
Name	Relationship	(Area) Phone

Please list any food or medication allergies, long-term medications, accidents/illnesses (above the normal childhood incidents), fears, etc. that we should be aware of in case of a medical emergency.

Doctor:

_____	_____	_____
Name	Clinic	(Area) Phone

Parent's Morning Out of Faith Presbyterian Church has my permission to get medical aid for my child, which could include ambulance service. Please specify what hospital you would like your child taken to.

I further authorize **Parent's Morning Out** and/or Faith Church staff to use photos or video taken of my child for promotional purposes. This may include printed materials as well as website use.

_____	_____
Parent Signature	Hospital

Parent Signature

PMO Staff Position: Please call me with further information when a position opens? (Yes No)

Substitutes: On occasion, our PMO teachers need substitutes. Would you be willing to sub in all classrooms for a \$30 credit towards the next month's PMO tuition? (Yes No)