

Parent's Morning Out

Registration Form for 2010 - 2011

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>
8 months-2 years	\$60/Month	1:4
2-3 Years	\$55/Month	1:5
3-5 Years	\$50/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 8/31/10: Years ____ Month ____

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

Father: _____
Address: _____
City/Zip: _____
Phone: _____
H _____ / _____
W _____ / _____
C _____ / _____
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 - Characteristics 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

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 *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 Authorization

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.

_____	_____
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)