

# Parent's Morning Out

Registration Form for 2012 - 2013

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](mailto: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 8/31/12: Yrs. \_\_\_\_\_ Mnth. \_\_\_\_\_

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)