

# SUMMER MORNING OUT



family@ faith  
**Faith Presbyterian Church**  
12007 Excelsior Blvd.  
Minnetonka, MN 55345  
952.935.4481 X 14  
Contact person: Kathy terSteeg  
[www.faithpres.org](http://www.faithpres.org)

## Summer Morning Out Registration Form (Wednesdays)

**Who:** Children 6 mo. (by June 1, 2011) – 4th grade.  
(one form per child)

**Fee:** \$20 per day per child – write your checks out to “Faith Church/SMO”

**Dates:** June 22, 29, July 6, 13, 20, 27, August 3 & 10, 2011. (*Attend one or all dates*)

**Time:** 9:30 am – 1:30 pm (Kids bring their own lunch. We are a *nut free* program.)

**What:** Crafts, music, stories, gym/park time, snacks, free play and lunch

**How to sign up:** Fill out the registration form (page 2) and send it along with your payment to:  
Faith Presbyterian Church  
Attention Kathy terSteeg, SMO  
12007 Excelsior Blvd.  
Minnetonka, MN 55345

**Questions:** Contact Kathy at [kathy@faithpres.org](mailto:kathy@faithpres.org) or 952.935.4481, X14.

**Forms:** Please tell with your friends and neighbors that they are welcome to register their Children with our wonderful one day a week program.

**Due Date:** Registrations will be accepted up to 3 days prior to SMO date.

**Child Pick Up:** Children not picked up by 10 minutes following the close of SMO, will be surcharged at a rate of \$5/per child per 1 minutes. Child(ren) will only be released to a person whose name is listed on the registration form.

**Cancellation Policy:** Full refund if canceling up to one week prior to the date. Fees will be applied to subsequent SMO dates.

# SMO 2011 REGISTRATION FORM

To register, complete form and return to Kathy terStegg at Faith Church.

Child's Name: \_\_\_\_\_ Male or Female  
(circle one)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age on 06/01/11 \_\_\_\_\_

Attending dates: Please circle the date(s) that your child will be attending.

6/22      6/29      7/6      7/13      7/20      7/27      8/3      8/10

Parents' Names: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Please list any food or other allergies or special needs:

\_\_\_\_\_

Pick Up: I authorize \_\_\_\_\_ or \_\_\_\_\_  
to pick up my child besides myself.

**Parent Authorization:** Summer Morning Out at Faith Presbyterian Church has my permission to seek medical aid for my child, which could include ambulance service. Please specify what **hospital** you would like your child taken to:

\_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Late fees: If I am late to pick up my child, I will pay all late fees due at that time.

\_\_\_\_\_

(signature)

Parent Authorization for Faith Church to take pictures of my child to only be used for our news letters, web site and pamphlets. \_\_\_\_\_