

SUMMER MORNING OUT



Faith church
minnetonka, mn

SMO

family@ faith

Faith Presbyterian Church

12007 Excelsior Blvd.

Minnetonka, MN 55345

952.935.4481 X 14

Contact person: Kathy terSteeg

www.faithpres.org

Summer Morning Out Registration Form (Wednesdays)

Who: Children 6 mo. (by June 1, 2012) – 4th grade.
(one form per child)

Fee: \$25 per day per child – write your checks out to “Faith Church/SMO”

Dates: June 20, 27, July 11, 18, 25, August 1 & 8, 2012. (*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 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 2012 REGISTRATION FORM

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

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

Date of Birth: ____/____/____ Age on 06/01/12 _____

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

6/20 6/27 7/11 7/18 7/25 8/01 8/08

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 pick up 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. _____