

OFFICE USE ONLY: Rec'd _____ INHOUSE GENERAL PUBLIC
R, P&A, Fee current
T-I, T-II, T-III, PK-I, PK-II, PK-III, PK-IV current w/drop-in
T, TH, Both sibling of current
Notes: sibling of former
Revised 1/09

Faith Presbyterian Church-Mother's Morning Out

Registration Form 2009-2010

Child's Full Name: _____ Today's Date: _____

Name you would like child to be called: _____

Birthdate: _____ Age as of 09/01/09 _____ years _____ months

Mother's Name: _____ Father's Name: _____

Address: _____ Child lives with _____

_____ Home Phone: _____

Mother's Employer: _____ Father's Employer: _____

Mother's Work #: _____ Father's Work #: _____

Mother's Cell #: _____ Father's Cell #: _____

Other instructions for reaching parents:

_____ Email address (print
clearly) _____

Emergency contacts:

1. Name: _____ 2. Name: _____

Phone: _____ Phone: _____

Name of persons (other than parents) authorized to pick up child: _____

Pediatrician: _____ Phone: _____

What allergies does your child have? _____

Any preexisting or present medical conditions? _____

Immunizations current? Yes _____ No _____

Medical Emergency Statement:

In the event of a medical emergency where I cannot be reached, I give permission to the staff of MMO to secure necessary medical treatment for my child. Signed: _____

Date: _____

Over

The following information will help MMO staff better understand and care for your child: (will have opportunity to update in Fall '09)

Infant feeding and sleeping schedule (morning): _____

_____ Do you want your child to nap at MMO if needed? Yes _____ No _____

Any food allergies? _____

Define your child's toilet and hygiene habits. When does he/she need assistance?

_____ Please list any special information that will be helpful with your child's care:

_____ Does your child regularly attend church? _____ If so, where? _____ Please list names and ages of siblings: _____

When would you like your child to attend Mother's Morning Out?

_____ **both Tuesday and Thursday**

_____ **Tuesday only**

_____ **Thursday only**

Please visit www.faithpcachurch.org for MMO registration instructions. Contact MMO Director with questions cherylcornwell@charter.net 706-548-5166H, 706-540-3511C, or write to:

Cheryl Cornwell, 255 Benjamin Drive, Athens, GA 30606.

Please follow registration instructions and submit completed Registration Form, signed Policy & Agreement Form, and \$75 registration/supply fee per child payable to Faith Presbyterian Church.

Fee must be paid by all In-House applicants. General Public applicants must pay registration/supply fee if given a permanent spot after lottery.