



First Presbyterian Church Eustis
117 S. Center St. Eustis, FL. 32726
352.357.2833 Office

MOM'S MORNING OUT REGISTRATION FORM

Student Information Sheet (Please Print Clearly)

Child's Full Name _____

Nickname or Name Preferred to be Called _____

Date of Birth _____

Address _____

City, State, Zip _____

Mother's Name _____

Home Phone _____ Cell _____ Work _____

Father's Name _____

Home Phone _____ Cell _____ Work _____

Parent Preferred Email _____

Child Lives With (circle one) Both Parents Mom Only Dad Only Grandparents Other

Is there any needed information regarding child's living situation? _____

Does your child have any allergies? If so, to what and how are they manifested?

Please provide any additional information that you feel is important for us to have concerning your child (fears, health issues, developmental delays, family situations, etc.)

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Emergency Contacts and Authorized Pickup Persons (other than parent/guardian)

Name

Phone Number

Relationship to Child

1. _____

2. _____

I would like to enroll my child for (check one)

_____ One Day - Please circle the day- Mondays, Tuesdays or Thursdays

_____ Two Days - Please circle the two days - Mondays, Tuesdays, Thursdays

_____ Three Days - Mondays, Tuesdays and Thursdays

Tuition:

Enrolled:

*One day per week/\$70.00 per month

*Two days per week/\$140.00 per month

*Three days per week/\$200.00 per month

*Sibling Discount: \$10.00 off for second sibling attending

*Monthly Tuition is due the 1st of each month

*Please note that tuition is paid even if your child is absent for any reason and there are no make-up days.

Non-enrolled:

*Daily Fee of \$25.00 on a first come basis. Must call or email in advance.

*Sibling Discount: \$5.00 off for second sibling attending

Registration Fee:

*Enrollment and Material Fee \$50.00 Non-Refundable, Paid Annually at time of enrollment.

Parent Signature _____ Date _____

MMO Staff Signature _____ Date _____

**FIRST PRESBYTERIAN CHURCH EUSTIS
MEDICAL EMERGENCY TREATMENT CONSENT FORM**

I _____ (name of parent/guardian) give permission for First Presbyterian Church Eustis to provide necessary medical, dental or other emergency care for my child _____. This care may be given under whatever necessary conditions to preserve life, limb or well-being of my child.

The provider is required to contact me, the other parent listed or legal guardian at one of the below listed phone numbers. At no time will the provider attempt to drive my sick or injured child to an emergency facility.

A photocopy of my child's insurance information is attached.

Emergency Contact Information:

1. Parent or Legal Guardian's Name _____

Home Number _____ Cell _____ Work _____

2. Parent or Legal Guardian's Name _____

Home Number _____ Cell _____ Work _____

Emergency Contact (Friend or Relative NOT Living In The Home)

Name _____

Relationship to Child _____

Home Number _____ Cell _____ Work _____

Signature of parent or legal guardian

Date _____

**FIRST PRESBYTERIAN CHURCH EUSTIS
MOM'S MORNING OUT PERMISSION TO PHOTOGRAPH FORM**

Parent or Guardian Name: I,

Give permission to First Presbyterian Church Eustis-Mom's Morning Out Program to photograph my child _____.

For the following purposes:

Grant Permission

Decline Permission

*Still Photographs _____

*Display on MMO bulletin board, show to current or prospective parents _____

*Display still photos on website _____

*Video's to show current or prospective parents _____

I understand that it is my responsibility to update this form if I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment in First Presbyterian Church Eustis, Mom's Morning Out Program.

Parent or Guardian Signature _____

Date _____