

**FIRST PRESBYTERIAN CHURCH VERO BEACH**  
**M.O.M. 2011- 2012 Registration**

CHILD'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_/\_\_\_/\_\_\_ AGE as of 9/1/11 \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ PHONE # (H) \_\_\_\_\_ (C) \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ PHONE # (H) \_\_\_\_\_ (C) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

\_\_\_\_\_ My Child Will Attend Both Monday & Wednesday Mornings

\_\_\_\_\_ My Child Will Attend Only One Morning \_\_\_\_\_ Monday \_\_\_\_\_ Wednesday

**In Case Of Emergency**, if we cannot reach either parent, is there another contact?

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Known Allergies** \_\_\_\_\_

**Emergency Permission:** In the event of an emergency, if no one with parental authority can be reached, I give permission for M.O.M. director, Anne Adams to act on my behalf in securing necessary medical treatment. I will be responsible for any expense that may be incurred.

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_ Group ID # \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

In registering my child for this program, I commit to the expectations as outlined including working the number of assigned days in a classroom, providing snacks, and participating in toy cleaning events. I will also adhere to the guidelines for sickness and be responsible to find a substitute if I cannot work due to illness. **Parent Initial** \_\_\_\_\_

**Return to:** Anne Adams, Director of Family Ministry at First Presbyterian Church  
520 Royal Palm Blvd, Vero Beach, Fl. 32960

For office use:

\$100 Annual Registration Fee Received: Date \_\_\_\_\_ Check # \_\_\_\_\_