



First Presbyterian Mother's Morning Out

**200 W. Washington Street, Greenville, SC 29601
(864) 672-0347
2012-2013 School Year Program**

DAYS AVAILABLE: Monday, Tuesday, Wednesday, and/or Thursday
(any combination)

HOURS: 9:00 AM- 2:00 PM

AGES: 3 months through the twos

REGISTRATION FEE: \$50 per child when registering for 1 day/week
\$100 per child when registering for 2 days/week
\$150 per child when registering for 3-4 days/week
(family cap \$150)

REGISTRATION FEE IS NON-REFUNDABLE. Exception: moving from the area--let us know by July 1, one-half of the fee will be returned.

REGISTRATION FEE MUST ACCOMPANY THIS APPLICATION TO COMPLETE YOUR REGISTRATION.

ENROLLMENT CHANGES: Prior to August 1, one change is free. After August 1, each change (other than adding a day) will incur a \$35 fee. **One month's written notice required for withdrawal.**

TUITION: \$27.50 per day per child (discount for additional children in the same family). Tuition is due on the first of the month for that month's charges. Late charges apply after the tenth. Payments may be set up on automatic withdrawal.

*All FPC accounts must be current to be eligible for registration in any program.

www.firstpresgreenville.org

**FIRST PRESBYTERIAN CHURCH MOTHER'S MORNING OUT
2012-2013 School-Year Program**

1st Child's Name _____ Nickname _____ M__ F__

Days Requested: Mon. Tues. Wed. Thurs. Birth Date _____ Room _____

2nd Child's Name _____ Nickname _____ M__ F__

Days Requested: Mon. Tues. Wed. Thurs. Birth Date _____ Room _____

Address _____ Home Phone _____

City _____ State _____ Zip _____

Father's Name Work # Cell # email

Mother's Name Work # Cell # email

How would you like to receive our newsletter? ___ Mom's email ___ Dad's email ___ hard copy

Parents' Marital Status: _____ *In the event of divorce, separation or other circumstances, custody documentation must be provided to the MMO office on or before the first day of attendance.

Parent address if different from child: _____

*If financially responsible party is other than parent, please provide complete address and telephone.

*Financially Responsible Party

* Address of financially responsible party

*telephone

In consideration of the Mother's Morning Out Program agreeing to enroll my child, I agree not to hold the employees, the Director of Mother's Morning Out or First Presbyterian Church responsible for any accident, mishap or injury of any kind that happens to my child while he/she is attending Mother's Morning Out, and agree to hold them harmless from any action brought by/or on behalf of my child.

Parent/ Guardian signature

*Financially responsible party signature

OFFICE USE ONLY

Registration Fee: \$50(1 day/wk) \$100.00(2 days/wk) \$150(3-4 days/wk) Fee due _____
*Family cap \$150/term with form

Notes: Amount Paid _____

Prorate: _____ Date Paid _____

Check # _____

Start recurring charges in: _____.