ST. ANNE'S FAMILY RESOURCE CENTER **Mommy and Me Program 2010-2011**

Child's Name_____ Nickname_____

Birth date_____ Sex_____

Parent(s)/Legal Guardian(s) Name(s)_____

Street Address_____
Street City Zip

Home Phone_____ Work Phone_____

e-mail address_____

Emergency Contacts 1._____
Name Relation Phone

2._____
Name Relation Phone

3._____
Name Relation Phone

In the event of an emergency, I hereby authorize St. Anne's Family Resource Center to procure whatever medical or surgical assistance may be necessary in the event that they cannot contact me or the emergency contact persons designated above.

Does your child have allergies or health concerns? _____Yes _____No

If yes, please describe:

Do we have your permission to use your child's picture in publicity? _____Yes _____No

Each session is $35.00 per child and adult, $12 per additional child. Payment and attendance confirmation is due at least two weeks before session begins. You will be financially responsible for any and all sessions you register for.

Date	Session	Will be attending~ Child and Adult	Additional Child	Total fee Due	Paid *(office use only)*
October 5 ,12, 19, 26	Fall Fun				
November 2, 9, 16, 23	Sense-Sational				
November 30, December 7, 14, 21	Holiday Hoopla				
January 4, 11, 18, 25	Winter Adventures				
February 1, 8, 15, March 1	Head Shoulders - Knees - Toes				
March 8, 15, 22, 29	Shape-Up				
April 5, 12, 26, May 3	Sound It Out				
May 10, 17, 24, 31	Springtime Fun				

Signature of parent/legal guardian_____ Date_____

Office Signature_____ Date_____