

PARENTS MORNING OUT
2010-2011 SCHOOL YEAR REGISTRATION FORM

Child's Name _____ Birthday _____

Name of Parent _____

Address _____

Phone _____

Please indicate your preference by checking the appropriate box.

_____ Monday/Wednesday/Friday

Or

_____ Tuesday/Thursday

Please return to Karen Boyd, Director, at Miami Shores Presbyterian Church 602 N. E. 96th Street, Miami Shores, FL 33138.

Upon receipt of the form I will mail you a registration packet.