[](https://stock.adobe.com/stock-photo/ornate-christian-cross-vector/54322280)

Sacred Heart Catholic Church – Parent Morning Out

2018-2019 School Year

The Sacred Heart Parent Morning Out Program is now registering for the 2018-2019 school year. We offer a structured program and learning experiences for young children, ages 2 to 4 years of age, in a Catholic setting through a variety of daily activities.

* PMO meets on Tuesday and Thursday mornings, from 8:00 am to 12:00 pm, in the Sacred Heart Parish Life Center at 306 Walnut Street, Hattiesburg.
* Sessions will begin in September and end in May. PMO follows the Sacred Heart School calendar and will be closed during any school holidays.
* A sample of activities in a typical day at PMO would include:

8:00 – 9:00 Free play

9:00 – 9:30 Circle time (morning prayer, songs, and stories)

9:30 – 10:00 Snack Time (snacks provided unless children have food allergies)

10:00 – 11:00 Craft/Activity/Game related to that days lesson/theme

11:00 – 12:00 Outside play time

* Children do not need to be potty trained and we work with them when they are ready.
* Children should bring a change of clothes to school each day as well as a leak proof, spill proof cup with their name clearly labeled on all of their belongings. Bloomers or shorts should be worn with dresses so that undergarments are covered.

**Fees**

*All fees are due annually. Registration fee and supply fee is non-refundable.*

Registration Fee $50 per child (due at registration)

\*Supply Fee $25 per child (due at registration)

\*The supply fee covers snacks and materials needed for the year.



**Tuition**

 **Two Days One Day**

One Child $110 per month $55 per month

Two Children $95 per month (per child) $50 per month (per child)

**Submitting Payments**

**Check payments:** Payments made in the form of a check must include the child’s name(s) as well as the month(s) the tuition is for on the memo line. Checks should be placed in the tuition box outside the “big classroom”.

**Cash payments:** Payments made in the form of cash must be placed in an envelope. The envelope should include the child’s name(s), the month the tuition is for and the amount of cash in the envelope. The envelope should be placed in the tuition box outside the “big classroom”.

For more information about our program, please contact Candace Barquero at 601-408-0299.

[](https://stock.adobe.com/stock-photo/ornate-christian-cross-vector/54322280)

Sacred Heart Catholic Church – Parent Morning Out Program

2018-2019 Registration Form

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Age (on September 1, 2018) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Religion or Denomination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Information

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Information

Name of Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Problems \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorizations

* I hereby certify that my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s immunizations are up to date.
* The staff of the Sacred Heart Parent Morning Out Program have permission to give/obtain medical treatment for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in my absence.
* Sacred Heart Catholic Church Parent Morning Out has permission to use my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s photograph on social media sites and the Sacred Heart website. If not, please let the director know.
* My child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has permission to take walks with the class on the grounds of Sacred Heart Church and Sacred Heart Catholic School.

The following persons are authorized to pick up my child:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Days Attending

Please indicate which days you are planning on having your child attend:

\_\_\_\_\_ Both Days \_\_\_\_\_ Tuesday’s Only \_\_\_\_\_ Thursday’s Only