



**Parent's Day Out at  
Trinity Baptist Church**  
Registration Form  
2020-2021 School Year



Today's Date: \_\_\_\_\_

Please fill out this enrollment form completely. Accurate information is necessary so that we may place your child in the appropriate class and contact you with information regarding the upcoming school year. It is your responsibility to notify us immediately of any changes.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Age as of Sept 1, 2020 \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Does your child suffer from any medical, physical, emotional or behavioral condition, which might affect his/her safety or ability to participate in activities? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Individual consideration shall be given for each request for enrollment of a special needs child. Acceptance of the child is to be considered a trial until it is fully established that the needs of the child can be met without loss to the whole group)

Is your child potty trained?      Yes              No

How did you hear about us? \_\_\_\_\_  
\_\_\_\_\_

**I understand that the registration fee is non-refundable.** Should I choose to withdraw my child from the program or change my mind about enrolling my child after the registration fee is paid, I understand that my registration fee will not be returned to me.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Tuition**

\*\*Tuition \$195 per month and is due the first school day of each month. Failure to pay the tuition within the first school week of each month may result in removing your child from their class in order to accommodate another child who is on our waiting list.

### **Late Pick Up Fee**

Parents Day Out ends at 2:00. There will be no late charge if your child is picked up from 2:00-2:10. From 2:10 until 2:15, there will be a \$15.00 charge for late pickup. There will be a \$1.00 per minute charge for every minute after 2:15.

Office Use Only:

Date registration fee paid: \_\_\_\_\_ Amount: \_\_\_\_\_

Check# \_\_\_\_\_ CC# \_\_\_\_\_ Cash \_\_\_\_\_ Info Entered into Computer: \_\_\_\_\_

Classroom: \_\_\_\_\_ Start Date: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

**Emergency Information Sheet**

**Person/Persons to call in case of emergency OR if parents cannot be reached:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone: \_\_\_\_\_

**I hereby authorize the Parent's Day Out director and its staff to allow my child to leave the facility ONLY with the following persons.**

1. \_\_\_\_\_ Relation: \_\_\_\_\_

2. \_\_\_\_\_ Relation: \_\_\_\_\_

3. \_\_\_\_\_ Relation: \_\_\_\_\_

4. \_\_\_\_\_ Relation: \_\_\_\_\_

You may update your authorized pickup list anytime. Please contact PDO staff to add or remove people from your list.

**A copy of your child's current shot record is required for admission to our program.**

**Authorization for Emergency Medical Attention:**

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the Parent's Day Out Director and/or Trinity Baptist Church staff to obtain emergency medical treatment for my child.

**Parent/Guardian Signature:** \_\_\_\_\_



**Trinity Baptist Church  
Parent's Day Out  
Emergency Card**



Does your child have any allergies (food, insects, plants, medications)? Yes / No

Special Instructions: \_\_\_\_\_

Child's Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

In the event of an accident or sudden illness to my child, I hereby authorize a school representative to refer to the physician above if I cannot be reached by phone.

(Circle one) Yes / No

If the physician named above is not available, I hereby authorize a school representative to take my child to a physician of their choice.

(Circle one) Yes / No

Preferred Hospital: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Photo Release**

I understand that photographs and videos may be taken of my minor's participation in various activities while participating in various activities while participating in the Children's Ministry of Trinity Baptist Church, including Parent's Day Out. I understand these images and videos may be used in promotional materials, publications, and social media accounts associated with Trinity Baptist Church. I acknowledge below that I consent to my minor's likeness being shared and do not request compensation for the use of my minor's likeness.

\_\_\_\_\_  
Parent or legal guardian signature

**OR**

I do **NOT** consent to my minor child's images being used.

\_\_\_\_\_  
Parent or legal guardian signature