



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, 2024 _____

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: Mother: _____ Father: _____

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? _____

Has your child attended school or been cared for by any other person besides your immediate family? Please explain _____

Authorization for Emergency Medical Attention:

In the event that I cannot be reached to make decisions about 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: _____

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

Special Instructions: _____

Child’s Physician: _____

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

Preferred Hospital: _____

Address: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

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

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

*I understand that there is a registration fee of **\$150** due when I enroll. 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 without exception.*

Tuition

*Tuition is **\$250** per month and due on the first school day of each month. Half of September's monthly tuition (**\$125.00**) is due on or before 12:00 pm July 19, 2024, and is non-refundable, without exception. 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 2:00-2:15. From 2:15 until 2:20, there will be a \$15.00 charge for late pickup. There will be a \$1.00 per minute charge for every minute after 2:20.

Parent Signature: _____ Date: _____

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 teachers, staff and Director 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 Director to add or remove people from your list.