

Grace-St. Luke's Episcopal Church

Parents' Day Out

Registration fee must accompany completed registration form.
 Current immunization record must be provided on or before child's first day of attendance.
 Registration Fee: \$125 for one child, \$200 for two children

Child's Name: _____ Goes By _____

First
Middle
Last

Date of Birth: ____/____/____ Age by June 1, 2011: _____ Boy/Girl _____ Member of GSL church? yes/no

Month
Day
Year
circle

Allergies/Special Needs: _____

What day(s) would you like your child to attend GSL PDO?

One Day a Week: ___T___W___TH___F (mark 1st and 2nd choice) Two Days a Week: ___T/TH___W/F (mark 1st and 2nd choice)
 PLEASE WRITE CLEARLY.

Mother/Guardian Name: _____

Cell Phone #: (____) _____ Work Phone #: (____) _____ Home Phone #: (____) _____
*Circle number to call first

Email Address: _____ Occupation: _____

Home Address: _____

Street
City
State
Zip

Father/Guardian Name: _____

Cell Phone #: (____) _____ Work Phone #: (____) _____ Home Phone #: (____) _____
*Circle number to call first

Email Address: _____ Occupation: _____

Home Address: _____

Street
City
State
Zip

Emergency Contacts and Authorized Pick Up People Other Than Parents

<u>Name</u>	<u>Home #</u>	<u>Cell #</u>	<u>Relationship to Child</u>
1. _____	(____) _____	(____) _____	_____
2. _____	(____) _____	(____) _____	_____
3. _____	(____) _____	(____) _____	_____

Doctor: _____ Phone #: _____ Hospital Preference: _____

Siblings: _____ Name (list additional siblings on back) _____ Date of Birth ____/____/____ Attends(ed) GSL PDO or School? () Yes () No

I, the undersigned, acknowledge that I am the natural parent/legal guardian of the above child and I have/share legal custody. If I can't be reached in an emergency, I authorize the above persons listed and /or Grace-St. Luke's Parents' Day Out personnel to obtain the necessary treatment for my child. I waive any claim of liability on behalf of Grace-St. Luke's Episcopal Church or employees for accidents/injuries or for efforts to obtain treatment for my child. Please read and initial:

- _____ I understand that registration and tuition fees are **non-refundable** and that monthly tuition must be paid to secure space in the PDO program.
- _____ I understand that tuition payments are **due the first week of each month regardless of days missed** for illness, travel, closings, etc.
- _____ I will provide a **current record of immunization** no later than the first day of attendance at GSL PDO.
- _____ I understand that **30 days notice is requested** if withdrawing my child from the program and all tuition fees must be paid in full up until that date.

Parent Signature _____

Date _____

OFFICE USE ONLY:

Date Submitted: _____
 Reg. Fee: \$ _____ Date PD: _____
 Check #: _____ Cash Receipt #: _____
 Immunization Records: _____

Family #: _____
 Registered Day(s): _____
 Parent Handbook: _____
 Age by June 1, 2011: _____