



For Office Use	
Date Rec'd	_____
Fee paid	_____
Number	_____

## PARENT'S DAY OUT APPLICATION

### 2018-2019

### Grace United Methodist Church

**Non-Refundable Application Fee:**

Grace UMC Member- \$60, additional \$20/family and/ or second day

Non-Church Member - \$75, additional \$25/family and/or second day

◆**Make checks payable to: Grace UMC**

**What days are you available to use the program?**

Please indicate 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> choice where offered.

**Tuition:**

**Tuition fee is \$25.00 per day, per child and is paid monthly - (the # of days x \$25.00)**

**1-2 years** 9/2/16 – 9/1/17 M\_\_T\_\_W\_\_TH\_\_

**2 years** 3/2/16 – 9/1/16 M\_\_T\_\_W\_\_TH\_\_

**2 ½ years** 9/2/15 – 3/1/16 M\_\_T\_\_W\_\_TH\_\_

**3 years** 9/2/14 – 9/1/15 M\_\_T\_\_W\_\_TH\_\_

**4 years** 9/2/13– 9/1/14 T\_\_TH\_\_

**Yes, I am interested in having my child attend a second day if there is availability. (2's, 2½'s, 3's & 4's classes only)**

**Last Name:** \_\_\_\_\_ **First:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_  **Boy**  **Girl**

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_ **Home Phone #:** \_\_\_\_\_ **Work Phone #:** Mother \_\_\_\_\_ Father \_\_\_\_\_

**Mother's Name & Cell #:** \_\_\_\_\_ **Father's Name & Cell #:** \_\_\_\_\_

Are you a member of Grace UMC? Yes  or Other Church Affiliation: \_\_\_\_\_

**Physician:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Physician's Address:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

Please list below all persons authorized to pick up your child from Parent's Day Out. In the event we are unable to reach you if your child becomes ill or injured at PDO, this list also serves as your Emergency Release Authorization. Photo ID may be required from the person picking up your child.

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Relationship w/child:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Relationship w/child:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Relationship w/child:** \_\_\_\_\_

Please list any special dietary needs, allergies, medical concerns and/or comments about your child that will be helpful to us in providing quality care for him/her: \_\_\_\_\_

**Parent's Day Out Rules:**

- 1) I have read the Grace United Methodist Church Parent's Day Out brochure.
- 2) I fully understand the policies and procedures of the Grace United Methodist Church Parent's Day Out program and agree to cooperate, follow, and abide by them in spirit and action.
- 3) I understand that this is a Christian program with Bible story time and a prayer/ blessing before snack and lunch.
- 4) I understand that Grace United Methodist Church Parent's Day Out is not responsible for my child until he/she has been placed in the personal care of their teacher. The child is the parent's responsibility before being dropped off (signed-in) and after the child has been picked up (signed-out).
- 5) I understand that Grace United Methodist Church Parent's Day Out will not be held responsible for any illness that may occur due to perishable items that have been placed in his/her lunch.
- 6) I understand that if my child is enrolled to attend one to two times per week, that I can use a security code with the security door system for the Grace United Methodist Church Parent's Day Out program. I will be informed of my personal security code within two weeks after the PDO start date. Continuing Parent's Day Out families will be able to use their code from **2017-2018** I understand that this **code is for parent/guardian use only** and **is not to be given out to relatives, friends, and neighbors.**
- 7) I understand that Grace United Methodist Church Parent's Day Out operates as a peanut/nut free program.
- 8) I understand that tuition is due on the first day of my child's attendance each month and that a \$10 late fee will incur if tuition is paid after the 10<sup>th</sup> of the month.

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

**Photography Approval**

Throughout the year photographs may be taken of the children and their teachers for our internal use only on bulletin boards and to share with our families.

I give my permission for my child, \_\_\_\_\_ to be photographed at Grace United Methodist Church Parent's Day Out.

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

**Authorization for Emergency Medical Care:**

In order to meet all legal requirements, I hereby authorize

**Claudia Hutchison, Director**

**Pennie Sawa, Assistant Director**

representatives of Grace United Methodist Church Parent's Day Out, to give consent for any and all necessary emergency medical care for my child, \_\_\_\_\_, while said child is in said individuals' custody. The child's Certificate of Child Health Examination Record may be made available to the Emergency Room Staff.

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