



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

PARENT'S DAY OUT APPLICATION

2019-2020

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 1st, 2nd, 3rd, and 4th 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 9/2/17 – 9/1/18 M__T__W__TH__F__

2 years 3/2/17 – 9/1/17 M__T__W__TH__F__

2 ½ years 9/2/16 – 3/1/17 M__T__W__TH__F__

3 years 9/2/15 – 9/1/16 M__T__W__TH__F__

4 years 9/2/14 – 9/1/15 T__TH__F__

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 **2018-2019** 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 10th 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: _____