



Dear Parents,

We are excited to offer you our Sunsational Summer Fun Program - 2021. This summer we are offering two, three-week long sessions on Tuesdays/Thursdays only from June 1-July 8, 2021. Registration begins Wednesday, April 7. Please mail the registration materials to Parent's Day Out, Grace United Methodist Church, 300 E. Gartner Road, Naperville, IL 60540. Make checks payable to Grace United Methodist Church.

Children would attend both days and can be signed up for one or both sessions. Class size will be smaller, therefore, space is limited. Our themes of *The Great Outdoors* and *Splish, Splash* reflect our interest in planning activities to be outside as much as possible.

We will be following all the necessary current guidelines for COVID-19. Masks would be required for staff, children ages 2 and up except when eating and outdoors and parents when dropping off and picking up. Children and staff would have temperature checks upon arrival and if needed during the 9:00 a.m. to 1:00 p.m. program time. Parent's Day Out will provide a snack and the parents will send a lunch.

You will receive confirmation of your child's summer registration the week of May 3, 2021. If you have any questions, please give us a call at 630-355-6146 or send an email. We look forward to seeing you this summer!

Sincerely,
Claudia and Pennie

Claudia Hutchison, Director
Pennie Sawa, Assistant Director
Parent's Day Out
Grace United Methodist Church
300 E. Gartner Rd.
Naperville, IL 60540
630-355-6146



Grace United Methodist Church
 300 E. Gartner Road
 Naperville, IL 60540

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

SUN SATIONAL SUMMER FUN - 2021

**DUE AT REGISTRATION: APPLICATION FEE AND ONE WEEK'S TUITION DEPOSIT OF \$54
 REGISTRATION BEGINS APRIL 7, 2021**

APPLICATION FEE:

\$20.00 per family - Grace UMC Member
 \$25.00 per family - Non-Church Member

TUITION: \$162.00 per session

All tuition due by May 24, 2021

APPLICATION FEES AND TUITION ARE NON-REFUNDABLE

Classes meet 9 am to 1 pm on Tuesdays and Thursdays. Children may attend one or both sessions.

Please make checks payable to Grace United Methodist Church

Date of Birth: _____

- Age of your child: Birthdate: 9/2/18 - 9/1/19 Birthdate: 9/2/16 - 9/1/17
 Birthdate: 9/2/17 - 9/1/18 Birthdate: 9/2/15 - 9/1/16

PLEASE INDICATE YOUR PREFERENCE OF SESSIONS

SESSION I: June 1- 17
THE GREAT OUTDOORS!
 Tuesday/Thursday

SESSION II: June 22 - July 8
SPLISH SPLASH!
 Tuesday/Thursday

Last Name: _____ First: _____ Nickname: _____ Boy Girl

Address: _____ City: _____ Zip Code: _____

Home Phone # _____ Cell # Mother _____ Cell # Father _____

Mother's Name & work # _____ Father's Name & work # _____

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

Physician: _____ Phone #: _____

Physician's Address _____

Please provide contact information for those we should contact in the event we are unable to reach you and who are authorized to pick up your 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 fully understand the Summer 2021 program will follow the policies and procedures of the Grace United Methodist Church Parent's Day Out program as outlined in the 2021/2022 PDO brochure. I have read and signed the Participant Waiver which will be included in my child's registration materials.
- 2) I understand that this is a Christian program with Bible story time and a prayer/ blessing before snack and lunch.
- 3) 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).
- 4) 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.
- 5) I understand that Grace United Methodist Church Parent's Day Out operates as a peanut/nut free program.
- 6) I understand that if my child is enrolled to attend twice a week, as a continuing family I will use the code with the security door system for the Grace United Methodist Church Parent's Day Out program. 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 UMC will have access to the information contained herein.

Parent/Guardian Signature: _____ Date: _____

Photography Approval:

There may be an occasion when parents want to take pictures of their child in his/her Parent's Day Out classroom. We would also like to have some pictures of the children and their teachers to put on the bulletin boards for them to see throughout the year.

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, and 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: _____

Parent's Day Out
Grace United Methodist Church
300 East Gartner Road
Naperville, IL 60540

PARTICIPANT
WAIVER, RELEASE OF ALL CLAIMS, AND HOLD HARMLESS AGREEMENT

PLEASE READ CAREFULLY

Please read this form carefully and be aware that, in participating in voluntary activities/programs on the grounds of GRACE UNITED METHODIST CHURCH you will be waiving and releasing all claims for contagious illness, injuries and/or loss, damage of personal property arising out of time here that you or other named participants might sustain. The "I," "me," and "my" also refer to parents or guardians as well as participants in the programs. In participating in any activities/programs or related event, you are agreeing as follows:

As a participant, I recognize and acknowledge that there are certain risks of upon entering the building, and I agree to assume full risk of any contagious illness, injuries, damages or loss, which I may sustain because of participating, in any manner, in any/all activities connected with or associated with such activities/programs. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risks or injury.

I agree to waive and relinquish any and all claims I may have as a result of participating in Parent's Day Out against GRACE UNITED METHODIST CHURCH, any/all independent contractors, officers, agents, servants and employees of GRACE UNITED METHODIST CHURCH; and any and all other person(s) and entities, of whatever nature, that might be directly or indirectly liable for any contagious illness and/or injuries that I might sustain while participating in these activities/programs.

The parties described in the preceding sentence are referred to as "released parties" in the remainder of this Agreement.

I further agree to indemnify, hold harmless and defend GRACE UNITED METHODIST CHURCH and any of the other released parties from any and all claims resulting from contagious illness, injuries, damages and losses sustained by anyone, and arising out of, connected with, or in any way associated with my conduct and the activities of these programs.

I further understand and agree that the terms such as "participation," "programs," and "activities" referred to in this Agreement include all activities of any nature while I am participating in these programs and further include the provision of or failure to provide proper instructions or supervision, the use and adjustment of any and all machinery, equipment and apparatus, and anything related to my use of the services, facilities, or premises involved in these programs, and transportation to and from any events.

I understand the nature of the events and activities for which I am registering, and have read and fully understand this Waiver, Release and Hold Harmless Agreement. I further understand that any advisements or warnings of the particular risks of these programs that I subsequently receive will be incorporated by reference into and become part of this Agreement.

Parent's Day Out
Grace United Methodist Church
300 East Gartner Road
Naperville, IL 60540

Name of Participant (Please Print)

Address

Phone

Email address

Parent's Day Out (PDO) Reopening

Our reopening requires many changes to take place to create the safest environment for the children, parents, and staff. PDO hours are 9:00 a.m.-1:00 p.m. and includes lunch as part of the children's day. To highlight the main changes: Masks are required to be worn by children 2 and up, staff, and parents when dropping off and picking up. Children will not wear masks when playing outside or eating. Temperature checks will be done upon arrival for staff, children, and parents. Parents will not be able to enter their child's classroom.

Illness Policy

If a child or staff member develops respiratory symptoms (cough, shortness of breath, and a fever of 99 or higher) they will be isolated from their group with supervision and sent home as soon as possible. They should stay home until they are symptom free (no cough or fever) for at least 24 hours and not using fever reducing medications during that time.

Exclusion Policy

Any child, someone in their household, or staff member suspected of having COVID-19, or having been in close contact with someone suspected of or diagnosed with COVID-19, will be excluded from PDO until written documentation is provided by the child's physician or staff member's physician that they are no longer communicable and may return to PDO. Possible temporary closure of Parent's Day Out for deep cleaning could result.

Travel Policy

Those returning from travel to any of the CDC identified states with elevated Covid-19 positivity rates should not attend Parent's Day Out for at least 10 days upon return.

I give my permission for a PDO staff member to sign my child in and out each day of their attendance.

I agree to and understand the above policy changes required by Parent's Day Out in order for my child to attend.

Signature of Participant, or Parent or Guardian if Participant is Under the Age of 18