

Enrollment Packet

Please print clearly with blue or black ink.

CHILD INFORMATION

Child's Full Name: _____ Birth Date _____ Sex _____
Name Called _____
Child's Full Name: _____ Birth Date _____ Sex _____
Name Called _____
Child's Full Name: _____ Birth Date _____ Sex _____
Name Called _____
Address: _____
Home Phone: _____ City: _____ State: _____ Zip Code: _____

PARENT INFORMATION

Mother's Full Name: _____ Home Phone: () _____
Address: _____ Birth date _____
City: _____ State: _____ Zip Code: _____
Cell Phone: () _____ Work Phone: () _____ Ext.: _____
Occupation: _____
Name of Employer: _____ Work Hours: _____
Church Member: ___ Name of Church: _____ Christian: _____

Father's Full Name _____ Home Phone: () _____
Address: _____ Birth date _____
City: _____ State: _____ Zip Code: _____
Cell Phone: () _____ Work Phone: () _____ Ext.: _____
Occupation: _____
Name of Employer: _____ Work Hours: _____
Church Member: ___ Name of Church: _____ Christian: _____

Parent/Guardian with legal custody _____
Parents are: Married ___ Living together ___ Divorced ___ Separated ___ Widow ___ Single ___

Other Household Members:

Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____

Emergency Contacts and Authorized Pick-up Person

(Within 20-mile radius of church other than parent or guardian)

Primary Emergency Contact (other than parent) _____
Home Phone: () _____ Cell Phone: () _____
Relationship to child/children: _____
Secondary Emergency Contact (other than parents) _____
Home Phone: () _____ Cell Phone: () _____
Relationship to child/children: _____

Person(s) AUTHORIZED to pick up my child/children: (Besides parents, guardians, or emergency pick-ups)
Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

About Your Child (Please fill out this section for each child) First Name: _____

1. Favorite toys, games activities? _____
2. Is your child Potty trained? _____ What words does your child use to go potty?

3. How does your child express anger or frustration? _____
4. Does your child have any special fears? _____
5. When your child is upset, what helps to comfort him/her? _____
6. How do you discipline your child? _____
7. Has your child been taking an afternoon nap? ____ If so, how long? _____
8. Does your child have allergies? _____ Explain? _____
9. How would you describe your child's dispositions _____
10. Special family situations? (such as custody specifications, problems arising from situations, etc.)

11. Any disorders/developmental (slow, advanced) diagnosed or suspected? _____
12. Previous childcare or school child has attended _____
13. Any problems at previous program? _____
14. Expectations of program? _____
15. Does your child attend Sunday school? ____ Where? _____
16. Other comments? _____

Child's Day Out Photo Release

Child's/Children's Name _____

Please check the appropriate line:

___ I give the following ___ I do not give the following

Child's Day Out Old Fort Baptist Church permission to take our have taken photo's of my child/children.

___ I give the following ___ I do not give the following

Child's Day Out Old Fort Baptist Church permission for my child to be video taped should the occasion rise.

I understand that these photos will not be sold or distributed with out my knowledge. I also understand that photograph's may be used for the web page www.oldfortbaptist.com/cdo, Child's Day Out brochures, display boards, art/craft projects, and various other things.

Signature of Parent/Guardian _____

Date Signed _____

Parent Fee Contract

Child's Name _____

I _____ am in agreement that I will pay

(Parent Signature)

(Check one) ___ \$110 Mon/Wed ___ \$110 Tues/Thurs ___ \$225 for the 4 day 4year program

per month to Child's Day Out Old Fort Baptist Church. Payment is due the 1st of every month. I understand that if the payment is behind after 2 months your child may not return to Child's Day Out until the balance is paid in full.

In addition, I understand and agree that my registration fee in nonrefundable.

I also understand and agree that a late charge of \$5.00 for the first 15 minutes and \$2.00 for each additional 5 minutes for tardiness will be required to be paid when picking up your child/children.

If provider should receive a returned check due to insufficient funds there will be a fee of \$15.00.

I understand and agree to the terms:

Parent Signature _____ Date _____

Handbook Receipt

I, the parent/guardian of _____, have read fully the online handbook and agree to follow the guidelines and policies established by Child's Day Out. I am aware of all of the health requirements, discipline policies and medical emergency procedures. I agree to maintain up-to-date immunizations for my child and will provide any change of information immediately to the Director. I agree to pay my tuition by the first class session of each month and will notify the Director immediately if there is an inability to pay my tuition.

Parent/Guardian _____ Date _____

Emergency Information

Child/children's Physician: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Insurance Company: _____ Policy #: _____

Indicate to which child the following pertain:

Regular Medications: _____

Medicine allergies: _____

Food Allergies: _____

Any other allergies: _____

Any special health conditions: _____

Parent/Guardian _____ Date _____

**Child's Day Out
Old Fort Baptist Church
10505 Dorchester Rd.
Summerville, SC 29485
(843) 376-0622**

I _____, give _____ permission
(Parent or Guardian) (Child's Name)

to participate in the Child's Day Out Program of Old Fort Baptist Church which involves music, craft and physical recreational activities. All necessary precautions are taken to prevent injury and /or accident to any child. However, in the event an accident should occur, I will not hold the individual teacher, director or Old Fort Baptist Church responsible.

Child's Name: _____ Age: _____
Address: _____
Phone number: _____ Mobile: _____

Please list any special medical conditions and/or allergies that we need to know about with regards to your child: _____

Due to this medical condition(s), my child should not participate in the following activities:

I hereby give permission that my child/children, _____, may be given emergency treatment by a staff member. I also give permission for my child to be transported by car ambulance, air or aid car to an emergency center for treatment, and agree not to hold the staff person, Child's Day Out or Old Fort Baptist Church responsible.

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child/children in the case of an accident or emergency, as prescribed by a treating physician, and I will not hold Old Fort Baptist Church, Child's Day Out, or the attending physician responsible.

(Parent/Guardian Signature)

(Date)