

Parents' Day Out 2011-2012

Ages 6 weeks thru Pre-K

First Baptist Church of Hewitt
301 S. First St, Hewitt, TX 76643
Phone 666-2741 Fax 666-3801

Registration & Child Information Form

For Office Use Only

Enrollment Date: _____

Child's Name: _____

Family # _____

Classroom _____ Mon. / Wed.

WD _____ Comment: _____

Child's Name: _____ Birthday: _____ Sex: _____

Food Allergies: _____ Other Allergies: _____

Behavior Patterns: _____

Sleeps with (i.e. blanket, toy, pacifier, etc.): _____

Parent / Guardian Name(s): _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: (His) _____ (Hers) _____

Employer: (His) _____ Work Phone: _____

Employer: (Hers) _____ Work Phone: _____

E-mail address: _____ Member of what church _____

Emergency Contact Person(s) – if parents / guardians can't be reached:

Name

Home Phone

Cell Phone

Work Phone

(1) _____

(2) _____

(3) _____

Persons authorized to pick up child from Parents' Day Out:

Name / Relationship to Child

Name / Relationship to Child

(1) _____ (3) _____

(2) _____ (4) _____

Fee	Amount	Date Paid	Cash / Check #	Parent Agreement Signed
Registration	\$5			Consent to Emergency Treatment
Supply – 1 Day / Week	\$30			Authorization to Pick Up
Supply – 2 Day / Week	\$50			Publication Waiver
Tuition – 1 Day	\$65.00 mo.			Copy of Shot Records
Tuition – 2 Day	\$125.00 mo.			

CONSENT TO EMERGENCY TREATMENT

Child's Name _____

I do hereby declare, constitute and appoint the PDO Director of First Baptist Church of Hewitt, Hewitt, Texas, to have the right and authority to act in my name, place, and stead to consent to emergency medical and surgical treatment, to protect the health and well being of my above named minor child during my absence when said child is in their care.

I agree to pay for all emergency medical treatment for said child and to hold harmless the First Baptist Church of Hewitt, Hewitt, Texas, from all liability and expenses for such emergency treatment.

(Signature of Parent / Guardian)

(Date)

MEDICAL INFORMATION

Child's Doctor _____ Phone _____

Child's Allergies _____

Special Medical Information _____

PARENT AGREEMENT

I, _____, whose child _____ is enrolled in the 2011-2012 school year of the First Baptist Church of Hewitt Parents' Day Out Program, have received a copy of the Handbook. I have read and understand the policies and guidelines as described in the Handbook, and I agree to abide by them.

(Signature of Parent / Guardian)

(Date)

PUBLICATION WAIVER

In the course of the First Baptist Church of Hewitt Parent's Day Out Program, photographs will be taken of the children from time to time. We would like to include pictures of the children and what they are doing on the First Baptist Church of Hewitt Website, newsletter, etc. In order to display these photographs, we must have a parent or guardian sign and return the Publication Waiver below. Thank you.

As parent / legal guardian of _____, I hereby consent to the use of Photograph(s) or photographic likeness(es) of my child for advertising purposes in publications, including, but not limited to, church publications, newspaper advertisements, websites, and radio or television broadcasts.

(Signature of Parent / Guardian)

(Date)

SHOT RECORDS: Please bring a copy of your child's shot record with this form. Your child will not be admitted to Parents' Day Out classes until their shot record is on file. The State of Texas allows private schools to require shot records, while public schools may not.