

STUDENT Information Form
Parents' Day Out
Second Baptist Church

2019 SPRING ENROLLMENT

For your child to be considered for a classroom assignment a \$50 non-refundable enrollment fee must accompany this form.

Child's Name _____ Date of Birth _____

Address _____ City _____ Zip _____

Gender: (circle) M or F Pediatrician Name & Number _____

Mother's Name _____ Occupation _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email Address _____

Father's Name _____ Occupation _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email Address _____

Emergency Contacts (other than parents)

Persons other than parents authorized to pick up child (list relationship to child and phone #)

1. _____

2. _____

Pick-up Password _____ (Persons picking up your child must know password.)

ID will be required)

Does your child have medical problems or allergies? ___yes ___no If so, please explain:

Day Preference

One Day Week: ___Tuesday ___Thursday **OR** Two Days Per Week _____

Please initial the following and sign below:

___I give permission for my contact information to be included in a classroom directory which will be distributed to other parents in my child's class.

___I give Second Baptist PDO permission to use pictures of my child on the PDO Facebook page.

___I give Second Baptist PDO permission to act according to their best judgement in any emergency situation requiring medical treatment.

___I understand the policies of the Second Baptist PDO Handbook regarding the care of my child and understand that failure to adhere to these policies will result in the dismissal of my child from the Parent's Day Out program.

Does your family have a church that you attend? _____Yes ___No

Parent Signature _____ **Date** _____

PDO Office Use Only: Date received _____ Immunizations Records received _____
Paid cash/check number _____ Class Assigned _____
Confirmation sent _____

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2019 SUMMER ENROLLMENT

For your child to be considered for a classroom assignment a \$25 non-refundable enrollment fee must accompany this form. Summer tuition and a \$25 activity fee are due on the first day of class.

Child's Name _____ Date of Birth _____

Address _____ City _____ Zip _____

Gender: (circle) M or F Pediatrician Name & Number _____

Mother's Name _____ Occupation _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email Address _____

Father's Name _____ Occupation _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email Address _____

Emergency Contacts (other than parents)

Persons other than parents authorized to pick up child (list relationship to child and phone #)

1. _____

2. _____

Pick-up Password _____ (Persons picking up your child must know password.)

ID will be required)

Does your child have medical problems or allergies? ___yes ___no If so, please explain:

Day Preference

One Day Week: ___Tuesday ___Thursday **OR** Two Days Per Week _____

Please initial the following and sign below:

___I give permission for my contact information to be included in a classroom directory which will be distributed to other parents in my child's class.

___I give Second Baptist PDO permission to use pictures of my child on the PDO Facebook page.

___I give Second Baptist PDO permission to act according to their best judgement in any emergency situation requiring medical treatment.

___I understand the policies of the Second Baptist PDO Handbook regarding the care of my child and understand that failure to adhere to these policies will result in the dismissal of my child from the Parent's Day Out program.

Does your family have a church that you attend? _____Yes _____No

Parent Signature _____ **Date** _____

PDO Office Use Only: Date received _____ Immunizations Records received _____
Paid cash/check number _____ Class Assigned _____
Confirmation sent _____

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2019 FALL ENROLLMENT

For your child to be considered for a classroom assignment a \$75 non-refundable enrollment fee must accompany this form.

Child's Name _____ Date of Birth _____

Address _____ City _____ Zip _____

Gender: (circle) M or F Pediatrician Name & Number _____

Mother's Name _____ Occupation _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email Address _____

Father's Name _____ Occupation _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email Address _____

Emergency Contacts (other than parents)

Persons other than parents authorized to pick up child (list relationship to child and phone #)

1. _____

2. _____

Pick-up Password _____ (Persons picking up your child must know password.)
ID will be required)

Does your child have medical problems or allergies? ___yes ___no If so, please explain:

Day Preference

One Day Week: ___Tuesday ___Thursday **OR** Two Days Per Week _____

Please initial the following and sign below:

___I give permission for my contact information to be included in a classroom directory which will be distributed to other parents in my child's class.

___I give Second Baptist PDO permission to use pictures of my child on the PDO Facebook page.

___I give Second Baptist PDO permission to act according to their best judgement in any emergency situation requiring medical treatment.

___I understand the policies of the Second Baptist PDO Handbook regarding the care of my child and understand that failure to adhere to these policies will result in the dismissal of my child from the Parent's Day Out program.

Does your family have a church that you attend? _____Yes _____No

Parent Signature _____ **Date** _____

PDO Office Use Only: Date received _____ Immunizations Records received _____
Paid cash/check number _____ Class Assigned _____
Confirmation sent _____

FEEs for 2019 Spring, Summer, and Fall

Parents' Day Out – Second Baptist Church

2019 Spring and Summer Fees

Spring Enrollment Fee

A **\$50 per child/\$75 per family non-refundable enrollment fee** due with your child's enrollment form in order to be considered for a classroom assignment.

Spring Activity Fee

A one-time **\$75 ACTIVITY** fee due on the first day of class. Activity fee is prorated based on the number of months remaining in the school year when you enroll.

2019 Spring Semester – Tuition

\$100 One day/week - due 1st of each month – late after the 5th

\$200 Two days/week - due 1st of each month – late after the 5th

\$25 late fee is added for tuition received after the 5th of the month.

2019 Summer Enrollment

A \$25 per child non-refundable **enrollment fee** due with summer enrollment form.

2019 Summer Activity Fee

A \$25 one-time **Activity Fee** due on the first day of class.

2019 Summer Tuition

Six week session: June 11 – July 25

\$300 for 2 days a week

\$150 for 1 day a week

Tuition and activity fee due on the first day of class (June 11).

2019-2020 Fall/Spring Fees

Enrollment fee

\$75 enrollment Fee for one child, \$100 for two children, \$125 for three or more children.

The enrollment fee is due with 2019 Fall School Year enrollment form to be considered for a classroom assignment.

Activity Fee

\$75 activity fee for one child, \$100 for two children, \$125 for three or more children.

The Activity Fee is charged each school year and is due with tuition on the first day of class.

Tuition

One day/week - \$100 per month

Two days/week - \$200 per month