

STUDENT Information Form
Parents' Day Out
Second Baptist Church

2020 ENROLLMENT FORM

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 _____