



Date Received _____

2010-2011

Parent's Day Out Application
Grace United Methodist Church

Application Fee:

\$60.00 per family - Grace UMC Member
\$75.00 per family - Non-Church Member

What days will you be available to use the program?
Please indicate 1st, 2nd, 3rd, and 4th choice where offered.

*The application fee is non-refundable.

*Make checks payable to:

Grace United Methodist Church

Tuition:

Tuition fee is \$21.00 per day, per child and is paid monthly - (the # of days x \$21.00)

- 1-2 years 9/2/08 – 9/1/09 M ___ T ___ W ___ F ___
- 2 years 3/2/08 – 9/1/08 M ___ T ___ W ___ TH ___ F ___
- 2 ½ years 9/2/07 – 3/1/08 M ___ T ___ W ___ TH ___ F ___
- 3 years 9/2/06 – 9/1/07 M ___ W ___ TH ___ F ___
- 4 years 9/2/05 – 9/1/06 T ___ TH ___

Yes, I would be interested to have my child be scheduled to attend a second day if there is availability.

E-mail Address _____

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

Address: _____ City: _____ Zip Code: _____

Birthdate: _____ Home Phone #: _____ Work Phone #: Mother _____ Father _____

Mother's Name & Cell #: _____ Father's Name & Cell #: _____

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

Physician: _____ Phone #: _____

Physician's Address: _____ Zip Code: _____

If your child becomes ill or injured while at Parent's Day Out, we will first try to contact you. In the event we are unable to reach you, please list who you would like contacted and would be able to pick up your child.

Name: _____ Phone #: _____

Address: _____ Relationship w/child: _____

Name: _____ Phone #: _____

Address: _____ Relationship w/child: _____

List below all persons who will be allowed to pick up your child from PDO. We will need to see identification from them before the child will be released.

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 have received the Grace United Methodist Church Parent's Day Out brochure.
- 2) I fully understand the policies and procedures of the Grace United Methodist Church Parent's Day Out program and agree to abide by them in spirit and action. I will cooperate with them to see that all regulations, rules and laws are followed.
- 3) I understand that this is a Christian program with Bible story time and a prayer/ blessing before snack and lunch.
- 4) 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).
- 5) 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.
- 6) I understand that if my child is enrolled, to attend on a weekly or twice a month schedule, that I can use a six digit code with the security door system for the Grace United Methodist Church Parent's Day Out program. I will be informed of the six digit code for my use within two weeks after the PDO start date. Continuing Parent's Day Out families will be able to use their code from **2009-2010**. I understand that this **code is for parent/guardian use only** and ***is not to be given out to relatives, friends, and neighbors.***

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, to 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: _____