

Crestwood Christian Parent's Day Out Registration Form 2017-2018

Days of Operation: Wednesdays/Fridays 9:30-1:30 (Following Fayette County Public School Calendar). Start date will be Wednesday, September 6, 2017, with the last day being Friday, May 12, 2018.

Tuition: \$50/WK Per Child. Child Must Attend Both Days (at this time we are unable to offer a one-day option). A \$75 Non-refundable annual materials fee is due with this form. (See "Enrollment" below)

Please note: Submission of this form does not guarantee your child's placement in the program. (See Parent Handbook Registration section). You will be contacted by our director of your status within one week of receipt of this application.

Crestwood Christian Church Parent's Day out Program is a self-supporting, non-profit organization

Personal Information:

Child's Name _____ Today's Date _____

Child's Birthdate ___/___/___

Mother's Name _____ Cell Phone # _____

Father's Name _____ Cell Phone # _____

Parent's Email Address _____

Home Address (Street, City, Zip) _____

Home Phone# _____ Work Phone# _____

Siblings (names and ages) _____

Do you attend church? Yes No Name of Church _____

Other information to help us get to know your child:

Is this your child's first experience outside the home? Yes No

How does your child react to being separated from you? _____

If your child is upset, what methods work best to calm her/him? _____

Does your child typically:

Play alone Play with others Play actively Play quietly Tire easily

Does your child have any special needs involving social relationships, sensory, or behavioral issues? If so, please explain _____

Explain the usual method of redirection and encouragement practices used at home _____

What are your child's interests? Favorite Toys? Activities? _____

Will your child ask to use the bathroom, or will they need reminders?

Ask Need Reminders

What do you hope to gain from this program? _____

Is there any other information you would like to add about your child? _____

Medical/Emergency Information:

Does your child have any food allergies? Yes No

If Yes, Please Explain _____

If your child is accidentally exposed to the allergen, how do you want us to handle it? (IE: call you, administer prescribed antidote, etc?) _____

NOTE: If your child needs medication (epi-pen, inhaler, etc) please be sure the prescribed medicine is in the original box with the prescription label on it. This medication should be given to your child's teacher upon arrival and received back from the teacher upon dismissal.

Emergency contact person if you cannot be reached:

Name/relationship _____ Phone # _____

Pediatrician _____ Phone # _____

Preferred Hospital _____

___ I understand that in case of illness or in the event my child is injured while attending Parent's Day Out at Crestwood Christian Church, my permission is granted for any staff member to administer treatment or obtain necessary medical attention to stabilize my child. I also agree to use my family health insurance as the primary coverage if medical attention is required.

PICK-UP:

Your child may be released to either the mother or father. (Should a parent not be allowed to pick up your child, court documentation will need to be submitted).

My child may be released to the following persons who are not legal guardians: (Please include grandparents, friends, etc.). Photo ID will be required before releasing your child.

Name/relationship _____ Phone # _____

Name/relationship _____ Phone # _____

Name/relationship _____ Phone # _____

Permission to photo, video and/or record:

I, _____ Parent/legal guardian of _____, grant permission to the staff of the Crestwood Christian Church Parent’s Day Out program to use my child’s photo/video/voice, including pictures (with no names) taken in the classroom or at school programs. These photos may be used in crafts or may be posted on our “closed” Facebook Group page.

Enrollment:

Enrollment will be conducted on a first come, first serve basis (with the exception of church members and siblings who hold preference in placement.)

___ I understand that I must submit a \$75 materials fee with this registration form to hold a spot for my child. If there are no openings available, this fee will be refunded to me, and I may choose to be placed on a waiting list. Upon acceptance into the program, the materials fee is non-refundable.

___ I understand that I will be financially responsible for the monthly fees regardless of whether my child attends all sessions within a month. (See Parent Handbook).

___ I understand that fees are due by the first Wednesday of each month.

___ I understand that a 30-day written notice is required in the event I withdraw from the program and that all fees must be paid through the last date of enrollment. (If notice is not given you will be required to pay the next month’s fees).

Parent Signature: _____ Today’s Date: _____

Please make check payable to Crestwood Christian Church PDO, and mail or drop off with this completed form to:

Crestwood Christian Church PDO, Attn: Peggy King
1882 Bellefonte Drive
Lexington, KY 40503
859-266-0459 (office) 859-806-3623 (cell)

Our Parent Handbook may be found on our website at www.crestwoodchristian.org