

**Crestwood Christian Parent’s Day Out Registration Form 2022/2023**

Days of Operation: Wednesdays/Fridays 9:00-1:00 (Following Fayette County Public School Calendar). Start date will be Wednesday, September 7, 2022, with the last day being Friday, May 19, 2023.

**Tuition:** \$225 per month per Child for 2 days per week. We also offer a limited number of applicants for a 1-day option at \$125 per month. Please call Tara at 859-539-5989 for availability. 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 at Crestwood Christian? Yes No If no, do you have a church home? Yes No

**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.

**Teacher Substitutes:**

There are times when our regular teachers need to be gone due to illness, etc.

Would you be interested in being added to our Sub list? Yes No

If yes, would you be comfortable helping in your own child’s class? Yes No

**Enrollment:**

**Enrollment will be conducted on a first come, first serve basis (with the exception of siblings and church members 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 (may be paid online). 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](http://www.crestwoodchristian.org)*