

Enrollment Form

Renovation Church Parent's Day Out

Child's Name _____ Birth Date _____ Sex _____

Parent's relationship to Each Other: ___ Married ___ Divorced ___ Separated ___ Single

Are there any custody issues with this child? ___ Yes ___ No

If yes, please contact the director and be prepared to provide any documentation that we may need.

Father's Name _____ Driver's License _____

Home Address _____ Phone _____

City _____ State _____ Zip _____ Email _____

Occupation _____ Employer _____

Work Phone _____ Cell _____

Preferred contact method: (please circle one) Email Text Phone Call

Mother's Name _____ Driver's License _____

Home Address _____ Phone _____

City _____ State _____ Zip _____ Email _____

Occupation _____ Employer _____

Work Phone _____ Cell _____

Preferred contact method: (please circle one) Email Text Phone Call

Family religious preference _____ Church membership _____

How did you find out about our program? _____

List at least one local person who will be available to assume responsibility for your child in an emergency if parents cannot be reached.

Name _____ Relationship to Child _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Cell _____ Work _____

List any additional persons you authorize to pick-up your child from Parent's Day Out.

Name _____ Relationship to Child _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Cell _____ Work _____

Name _____ Relationship to Child _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Cell _____ Work _____

Medical Release

Child's Name _____ Date of Birth _____

I certify that my child's immunizations are current ___ Yes ___ No
(Attach photocopy of immunization records)

I certify that my child is free from all communicable diseases ___ Yes ___ No
If no, explain _____

I certify that my child is physically and mentally able to participate in all group care activities that are at his or her age level ___ Yes ___ No
If no, explain _____

List any allergies and allergic reactions your child may have: _____

I ___ DO ___ DO NOT give consent for my child to be served foods during PDO other than what I send for my child to eat if it is for learning purposes or for celebration. My child may not be given: ___

List any medications and drugs taken regularly by the child: _____

List other special physical; conditions and therapies your child receives: _____

I give consent to my child's health care provider and to Renovation Church Parent's Day Out Program to communicate directly with one another in the event that such communication is necessary for the health and wellbeing of my child.

Pediatrician _____ Phone _____

Hospital _____ Phone _____

In the event of an emergency, if I cannot be reached to make arrangements for emergency medical attention for my child, I authorize Renovation Church Parent's Day Out program staff to take my child to an Emergency Room.

I give my consent for any and all treatment deemed necessary for my child by the attending physician. I affirm that all information given above is true and correct. I will not hold Renovation Church Parent's Day Out program or the PDO staff responsible for any injury that may occur to my child during the time spent with the Renovation Church Parent's Day Out program.

(Parent's Signature)

(Date)

Picture Permission Form

Occasionally, photos will be taken of your child during their time at PDO. This could be for crafts, labels, to commemorate celebrations or a fun moment, etc.

___ **YES**, I give permission for my child's picture to be used **within** the PDO program for activities such as crafts, projects, and chapel presentations.

___ **No**, I **do not** give permission for my child's picture to be used **within** the PDO program for activities such as crafts, projects, and chapel presentations.

Renovation Church has a website and Facebook page to inform interested parents about our program. We also use the Facebook page to post photos of fun activities, along with updates and information for current parents. We would like to use current photos on the website and Facebook page. Only images would be used, no names will ever be given out or presented.

___ **Yes**, I give permission for my child's picture to be used on the PDO church website and the PDO Facebook page. I understand only my child's image would be used and no names would be given out.

___ **No**, I **do not** give permission for my child's picture to be used on the PDO church website and the PDO Facebook page. I understand only my child's image would be used and no names would be given out.

Child's Name _____

Parent's Printed Name _____

Parent's Signature _____ Date _____

I have reviewed the Renovation Parent's Day Out Handbook for 2021. I understand that the handbook contains information that my child and I may need during the school year. I also agree to abide by the rules and regulations laid out. If I have any questions regarding this handbook, I should direct those questions to the Director, Amy Wells at 254-716-7774 or amyw@rcwaco.com

Name of Child _____

Parent's Name Printed _____

Parent's Signature _____

Date _____