



"A great place to worship and serve in God's name"
309 East Broadway Avenue • Maryville, TN 37804

PARENT'S DAY OUT ENRICHMENT PROGRAM

Phone: (865) 982-1183

REGISTRATION FORM

CHILD'S FULL NAME		SEX	AGE	DATE OF BIRTH	HOME PHONE NUMBER						
		M F									
FULL STREET ADDRESS			ZIP CODE	DAYS ATTENDING (No more than 2 days)							
				MON	TUE	WED THURS					
MOTHER	PARENTAL INFORMATION			FATHER							
	← NAME →										
	← OCCUPATION →										
	← NAME OF COMPANY →										
	← BUSINESS PHONE # →										
	← HOME PHONE # →										
	← CELL PHONE # →										
IN CASE OF EMERGENCY											
CONTACT INFO	NAME	ADDRESS			PHONE #						
ALTERNATE CONTACT #1											
ALTERNATE CONTACT #2											
PHYSICIAN											
DENTIST											
<p>I GIVE MY PERMISSION to Broadway United Methodist Church to make whatever emergency (e.g., first aid, disaster, evacuation) measures as judged necessary for the care and protection of my child (named above), while under the supervision of the Parent's Day Out Enrichment Program. It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on my behalf.</p>											
Date:		Signature of Parent:									
WHO IS AUTHORIZED TO PICK UP YOUR CHILD OTHER THAN YOU?											
NAME		PHONE #			NAMES OF PERSONS NOT AUTHORIZED TO PICK UP YOUR CHILD						
NAME		PHONE #									
NAME		PHONE #									
NAME		PHONE #									
THIS FORM MUST BE ACCOMPANIED WITH A NON-REFUNDABLE \$35.00 REGISTRATION FEE PAYABLE AT THE TIME OF REGISTRATION AND DUE ON AUGUST 1ST ANNUALLY FOR AS LONG AS YOUR CHILD IS ENROLLED IN PDO.			PLEASE INDICATE BELOW, IF YOU ARE AVAILABLE AS A			HOW WERE YOU REFERRED TO US?:					
			SUBSTITUTE			INTERNET	AD				
			VOLUNTEER			FRIEND (Please specify):					
			FUNDRAISER								
FOR OFFICE USE ONLY	REG	FEE	MED	SHOT	TUITN	TOUR	INTRV	CONF	DATA	FILE	COMP

CONTINUE TO PAGE 2 FOR THE HEALTH HISTORY SECTION AND PAGE 3, THE TUITION AGREEMENT

MEDICAL HISTORY

NAME OF CHILD:

FORM COMPLETION DATE:

Does your child have, or ever had, or is your child now taking treatment for any of the following? Check Yes, or No in the check boxes provided. Explain "Yes" answers below in the comment section.

	YES	NO		YES	NO
1.) Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	9.) Backache	<input type="checkbox"/>	<input type="checkbox"/>
2.) Asthma	<input type="checkbox"/>	<input type="checkbox"/>	10.) Joint trouble	<input type="checkbox"/>	<input type="checkbox"/>
3.) Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	11.) Major surgery or injury	<input type="checkbox"/>	<input type="checkbox"/>
4.) Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	12.) Severe headache	<input type="checkbox"/>	<input type="checkbox"/>
5.) Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	13.) Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
6.) Polio	<input type="checkbox"/>	<input type="checkbox"/>	14.) Emotional problems	<input type="checkbox"/>	<input type="checkbox"/>
7.) Chronic Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	15.) Other disease or illness	<input type="checkbox"/>	<input type="checkbox"/>
8.) High or Low Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
16.) Does your child have any illness or medical condition that requires regular treatment?				<input type="checkbox"/>	<input type="checkbox"/>
17.) Does your child have any handicap or disability that you want us to know about?				<input type="checkbox"/>	<input type="checkbox"/>
18.) Is there any reason for restriction of your child's activity at PDO?				<input type="checkbox"/>	<input type="checkbox"/>
19.) Does your child wear eyeglasses/contact lenses?				<input type="checkbox"/>	<input type="checkbox"/>
20.) Does your child have any behavioral problems that we should be aware of?				<input type="checkbox"/>	<input type="checkbox"/>
21.) List any medication (including prescriptions and over the counter medications), etc. that your child is currently taking.					
22.) ALLERGIES to Medications: (Note: We do not dispense medications at PDO, however this information is being requested in the event of an emergency)					
Other Allergies:					
"YES" COMMENT SECTION					



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REGISTRATION & TUITION AGREEMENT

FOR - CHILD'S NAME:

I agree to the following terms and conditions:

- 1.) I understand that I must sign this agreement and abide by its terms in order for my child to become and remain enrolled at PDO.
- 2.) I have either accessed online, or received a copy of the PDO Parent's Handbook and more specifically, I have read the "Tuition" policies and understand them.
- 3.) I understand that I am responsible for giving two weeks notice if I wish to withdraw my child from the PDO Program, and that I am responsible for and agree to pay two weeks of tuition once I give this notice.
- 4.) I am responsible for and agree to pay a registration fee of \$35.00 at the time of my child's enrollment, and I understand that this fee is non-refundable and will be due again each August. (The only exception to this is if your child was enrolled in the June/July Summer session. If so, your annual fee will be waived.)
- 5.) I am responsible for and agree to pay monthly tuitions at a rate as set by PDO, for the care f my child. I understand that tuition payments are due on the first day of each month.
- 6.) I am responsible for and agree to pay a \$15.00 late fee if my tuition is not paid in full by 2:30PM on the second Thursday of the month.
- 7.) I am responsible for and agree to communicate directly with the PDO Director if I am having problems with my tuition payments.
- 8.) I understand that if I wish to negotiate any exceptions to the aforementioned conditions, I must do so with the PDO Director who will then have to get approval from the PDO Advisory Board.
- 9.) I understand that I am responsible for my child's monthly tuition even if my child is absent due to illness, or vacation.
- 10.) I am aware that I am financially responsible for all special lunches, field trips, and special programs that my child attends and participates in while enrolled at PDO.
- 11.) I understand that PDO closes at 2:30PM every day and that if I am late picking up my child, I am responsible for and agree to pay \$5.00 for every five (5) minutes I am late beyond 2:35PM, and that this payment is to e made directly to the teacher when I pick up my child.
- 12.) **My signature below indicates that I have completed all of the required forms necessary for the enrollment of my child into the PDO Program, e.g., the Registration Form, which also includes the Health History Form and this Agreement. I have provided an Immunization/Shot Record as required by the Program. I have read and understand the above conditions, and that I agree to comply with these terms.**

Date: _____

Parent's Signature: _____

_____ OFFICE USE ONLY DO NOT WRITE BELOW THIS LINE _____

Date Received: _____

Director's Signature: _____