



Please choose which program you are enrolling your child in. Please fill out one form per child.

Office Use Only

Deposit Amount: _____

Check # _____ cash _____ Date: _____

Estimated Start Date: _____

Private Pay? _____

4C funding? _____ Approximate Copay:\$ _____

Entering classroom: _____



_____ 3 Day/Week Option

Mon., Wed., & Fri. (8:30am-1:30pm)

_____ 5 Day/Week Option

Mon-Fri (8:30 am -1:30pm)

Must be the required age for the class by Sept. 1 of the current school year.

All programs are for 3-5-year olds



***Two 4-week sessions**

3-5 years

Monday - Thursday (9:00am-12:30pm)

Circle: Child will attend (circle one)

Session#: **1**

Session#: **2**



Before School ONLY
 After School ONLY
 Before AND After School
 Circle Days Attending
 M T W TH F
 Circle Transportation
 School Bus PDO Van (extra fee)



Summer Camp 9:00 am – 4:00 pm
Extended care:
 6:30 am – 9:00 am
 and/ or
 4:00 pm – 6:00 pm
 Circle Days Attending
 M T W TH F



Circle Days Attending
 M T W TH F
 Full Time-More than 5 Hours
 Part Time-Less than 5 Hours
 Aprox. Daily drop-up time: _____
 Aprox. Daily pick-up time: _____

Child's information:

Full Name of Child _____ Sex: _____

Address: _____

Child lives with: ___ Both Parents ___ Father ___ Mother ___ Grandparents ___ Other: _____

Birthdate: _____ School: _____

Parent's Information:

Name: _____

Name: _____

Relation to Child: _____

Relation to Child: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Place of Employment: _____

Place of Employment: _____

Address: _____

Address: _____

Work Number: _____

Work Number: _____

Working Hours: _____

Working Hours: _____

TUITION AND FEE AGREEMENT

- **Childcare Center- Due every Friday**
- **Preschool – Due 1st of the month or 1st & 15th if paying bi-weekly.**
- **School Age - Due 1st of the month or 1st & 15th if paying bi-weekly.**

(Please Circle either A or B) ** For preschool and School Age Programs ONLY

A. One payment per month due on or before the 1st of each month.

B. Two equal payments per month due on or before the 1st and 15th of each month.

Initials: _____ I understand that late tuition will result in a \$20 late fee.

Initials: _____ I understand that there a non-refundable registration fee due at the time these documents are completed. This fee will serve to hold a space in class for my child. Please reference rate & fee attachment for appropriate registration fee for the program(s) you are registering for.

Initials: _____ I understand that if I am late picking up my child (after 6:00 PM), I will pay a \$1 per minute charge due that evening or the next day of attendance.

Initials: _____ Even if any subsidy or other payment arrangement is in place, I remain personally responsible for seeing that Parent's Day Out is paid for services contracted here, by my request. This means that if I become disqualified from subsidies or other types of support, either temporarily or permanently, I will personally make full payment of the tuition amount agreed upon here in a timely manner (by the due date).

Initials: _____ I understand that if I receive financial aid for childcare, I am responsible to pay the center the daily fee for any days my child is absent over the allotted 5 days of absence I receive each calendar year (Childcare Center Only).

Initials: _____ I understand that if I receive financial aid for childcare, I am responsible to pay the center the co-pay that goes along with that aid. I am also aware there may be a second co-pay due weekly to the center if the funding amount and my funding co-pay do not meet the minimum charge for childcare at the Parent's Day Out Program.

Initials: _____ I agree that when my child's enrollment at PDO Childcare Center is to end, I will give at least two weeks notification in writing to either my child's teacher or the Executive Director. Any lack of notice will result in charges accruing for the two weeks after my child ceases to attend. This is a matter of respect for the Center personnel, and for people who may be waiting for their child to be enrolled in the program.

PREVIOUS CHILDCARE PROVIDER

I authorize Parent's Day Out to contact my previous childcare provider or my child's school to access financial, medical, immunization and birth certificate records. I understand that if there is an outstanding balance at my previous center that I need to resolve those financial issues before my child(ren) can begin care at any of the Parent's Day Out Programs.

Name of Center: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Medical Information:

Name of Child's Physician: _____ Phone #: _____

Medical Issues or concerns: _____

Child's **food** allergies or conditions: _____

Other Allergies or conditions: _____

Does your child take any special medication? YES NO

If so, what is the prescription and when is it given? _____

Does child carry an Epi-Pen? _____ If yes, explain: _____

Physical "Special Considerations": _____

Social (family) or Emotional "Special Considerations": _____

CONSENTS TO CHILD CARE PROVIDERS

EMERGENCY MEDICAL CARE

This authorizes PDO to secure EMERGENCY medical care for my child when I cannot be immediately reached at the time of the emergency. I will be responsible for the emergency medical charges upon receipt of the statement.

My preferred doctor/clinic/hospital is: _____

ADMINISTER PRESCRIPTION AND/OR PATENT MEDICINE

I authorize PDO to administer patent medicine to my child as specified in written instructions.

Signature of Parent/Guardian

Date

Relationship to child

Parent(s) or Legal Guardians placing the child in PDO may sign any or all of the following consents:

EMERGENCY MEDICAL CARE

This authorizes PDO to secure EMERGENCY medical care for my child when I cannot be immediately reached at the time of the emergency. I will be responsible for the emergency medical charges upon receipt of the statement.

In the case of a medical emergency, my preferred doctor/clinic/hospital is: _____

FIELD TRIPS

I authorize PDO to take my child on walking trips, special excursions, and to nearby park facilities. I understand all such trips will be under the supervision of PDO staff.

YES NO

PHOTO USAGE

I am aware that Marengo United Methodist Church/ Parent's Day Out Program is a childcare program that has Christian education undertones. I further understand that my child may appear in videotapes, photographs, audiotapes or other audio or visual reproductions by Parent's Day Out. These materials may be used for programs, protected internet sites or for promotion of the preschool. Below we ask that you check those paragraphs that reflect your wishes regarding the use of photos of your child, as well as other specific permissions regarding your child.

I give permission for my child's photograph to: (circle yes or no):

yes no Be displayed in classroom for Star Student/ Class Projects, etc.

yes no Appear in the newspaper with name

yes no Be used in internal church related publications such as the Newsletter, Bulletin, Internal Posters, Bulletin Boards and displays

yes no Be used in a Visual Media Display such as Power Point/ Video promoting the PDO program during church services.

yes no Appear on the church or PDO website

_____ **Check here if Photos of my child may not be used for any purpose.**

GUEST SPEAKER/ HELPER/ PRESENTER PERMISSION

Marengo United Methodist Church/ Parent's Day Out Program strives to provide a safe environment for all children. Therefore, parental permission is required for children to participate in activities which involve outside (non-PDO staff) volunteers in the presentation of stories, crafts, demonstrations, etc. knowing that according to Safe Sanctuary, two adults: (PDO teachers/ aides) will be present at all times during the above-mentioned presentations.

My child may participate with guest speakers: YES NO

Signature of Parent/Guardian

Date

Emergency Policy/ Authorized Pick-up List

MUMC Parent's Day Out has permission to treat my child/children with basic first aid when needed. If there is an incident that requires more than basic first aid the following procedures will apply:

1. Paramedics will be called to the center by a staff member with the 911 procedure.
2. A parent/guardian will be called. If they cannot be reached, the emergency contacts will be called.
3. If contacts cannot be made, the child will be taken to the emergency room with a staff member. They will remain with the child until a contact arrives.
4. A call will be placed to the family physician.

*(Parents/ Guardians are first called in event of emergency and are automatically authorized to pick up child unless otherwise notified – **Please list those authorized to pick up your child other than yourself***

Name: _____ Relationship to child: _____

Home Phone #: _____ Cell #: _____ Work #: _____

Contact this person in an emergency in my absence YES NO

This person is authorized to pick up my child from PDO: YES NO

Name: _____ Relationship to child: _____

Home Phone #: _____ Cell #: _____ Work #: _____

Contact this person in an emergency in my absence YES NO

This person is authorized to pick up my child from PDO: YES NO

Name: _____ Relationship to child: _____

Home Phone #: _____ Cell #: _____ Work #: _____

Contact this person in an emergency in my absence YES NO

This person is authorized to pick up my child from PDO: YES NO

Name: _____ Relationship to child: _____

Home Phone #: _____ Cell #: _____ Work #: _____

Contact this person in an emergency in my absence YES NO

This person is authorized to pick up my child from PDO: YES NO

Please be sure authorized pick-up persons have a photo I.D.

Your child will not be released to anyone other than those listed here and circled that it is okay to pick up. If you need to have an individual who is not on the list pick up your child, please let the teacher know at drop off or call the church office with the pick-up person's information.
Thank you.

SCHOOL AGE ONLY – Before & After School

If your child will be riding the school bus to and from the Parent’s Day Out School Age Program, please complete the form below.

SCHOOL DISTRICT #165 TRANSPORTATION AGREEMENT

My child, _____, has my permission to be transported to and/or from (circle one that applies) a District #165 School to Marengo United Methodist Church for the Parent’s Day Out School Age Program.

Signature of Parent/ Guardian Date

PDO Director’s Signature Date

SCHOOL AGE ONLY – Before & After School

If your child needs the Parent's Day Out Program van to transport them to and/ or from school on days they attend the program, please complete the form below.

PDO VAN TRANSPORTATION AGREEMENT

My child, _____, has my permission to be transported to and/or from (circle one that applies) school to and/or from Marengo United Methodist Church for the Parent's Day Out Program on the Marengo United Methodist Church/ Parent's Day Out Program Passenger Van.

Signature of Parent/ Guardian

Date

PDO Director's Signature

Date

REGISTRATION AND DEPOSIT FEES

PRESCHOOL- PAID YEARLY

New Families- \$50/family registration fee

Current Families during Early Registration- \$35/family registration fee

Families on 4C- \$25/family registration fee

PRESCHOOL SUMMER CAMP-PAID YEARLY

New Families- \$25/child registration fee

Current Families- \$15 if paid early

PRESCHOOL SUMMER CAMP-PAID YEARLY

New Families- \$25/child registration fee

Current Families- \$15 if paid early

BEFORE AND AFTER SCHOOL PROGRAM-PAID YEARLY

New Families- \$50/family registration fee

Current Families during Early Registration- \$35/family registration fee

Families on 4C- \$25/family registration fee

SCHOOL AGE SUMMER CAMP-PAID YEARLY

New Families- \$25/family registration fee

ALL Families- \$55/child pool pass/t-shirt fee

CHILDCARE CENTER-ONE TIME

New Families- \$50/family registration fee

Current Families during Early Registration- \$35/family registration fee

Families on 4C- \$25/family registration fee

Holding fee - \$60/month/child (for times greater than 1 week that we are holding a place for your child. We will follow the parent handbook rules for discounts. Your vacation time can be used for the first week.)