



# Parents' Day Out Registration Form

2020-2021

Child's name: \_\_\_\_\_ Name child goes by: \_\_\_\_\_

Birth date: \_\_\_\_\_ Gender:  Male  Female

Has your child previously attended a similar paid program?  Yes  No We use Time-Out for discipline. What other method works for your child?

Please check one:

My child is:  Active/Verbal  Somewhere in-between  Shy/Quiet  
Siblings:  Yes  No Names/Ages: \_\_\_\_\_  
\_\_\_\_\_

## Parents/Guardian Information

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Work phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

Marital status:  Married  Divorced  Separated  Widowed  Single  
If separated or divorced who has legal custody?  
 Mother  Father  Other \_\_\_\_\_  
(court papers are required if the non-custodial parent cannot pick-up)

Email address \_\_\_\_\_ Email address \_\_\_\_\_

## Emergency & Pick-Up Contacts

Name: \_\_\_\_\_ Phone #1 \_\_\_\_\_

Relation: \_\_\_\_\_ Phone #2 \_\_\_\_\_

Name: \_\_\_\_\_ Phone #1 \_\_\_\_\_

Relation: \_\_\_\_\_ Phone #2 \_\_\_\_\_

Name: \_\_\_\_\_ Phone #1 \_\_\_\_\_

Relation: \_\_\_\_\_ Phone #2 \_\_\_\_\_

Name: \_\_\_\_\_ Phone #1 \_\_\_\_\_

Relation: \_\_\_\_\_ Phone #2 \_\_\_\_\_

Medical Information

In the event of an emergency, every effort will be made to reach parents. If parents cannot be reached, I authorize Union Baptist Church to take any of the following actions, depending on the severity of the emergency: (check ALL that apply)

- Please take my child to the nearest emergency room     Children's or (Other)\_\_\_\_\_Hospital
- Please take my child ONLY to Children's Hospital     Allow Knox Co. Ambulance Service to treat my child

Please note that an on-site staff person will be American Red Cross CPR Trained. We will contact EMS (911) any time we feel that it is warranted.    Initial\_\_\_\_\_

Child's Physician:\_\_\_\_\_ Phone:\_\_\_\_\_

Insurance Information

Name of insurance company\_\_\_\_\_

Policy number\_\_\_\_\_ Group number\_\_\_\_\_

Please list any special medical needs or allergies  
(Environmental, FOOD and/or Medical):

Does your child have any hearing or speech  
problems?     Yes     No    If yes, describe:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please answer the following questions:

- 1. Is your child currently taking any medication?     Yes     No
- 2. Does your child have any allergies or reactions to insect stings or bites?     Yes     No    Describe :\_\_\_\_\_
- 3. Has your child had asthma or wheezing?     Yes     No
- 4. Has your child ever had chicken pox?     Yes     No    Date:\_\_\_\_\_
- 5. Has your child had allergic skin reactions such as hives, welts, contact dermatitis, etc?     Yes     No    Which ones:\_\_\_\_\_

Please answer the following:

- 1. My child's immunization and health records are current. You must provide Union Baptist Church a copy for their records .    Initial\_\_\_\_\_
- 2. I give permission for my child's pictures and/or videos to be used on bulletin boards, newsletters, Union Baptist Church website and any other marketing program to publicize Christian programs.    Names will not be used.    Initial\_\_\_\_\_
- 3. If a NEW student, please give date of pre-enrollment visit to center:    Date:\_\_\_\_\_
- 4. I (am a)     Union member     Attend Union  
 Member of or attend another local church or place of worship.  
Where?\_\_\_\_\_

I understand it is my responsibility to change any information on this form as needed. By the signature below, I am verifying that the above information is true and correct to the best of my knowledge.

**I understand that Union Baptist Church Parents' Day Out Program is not licensed and is not required to be licensed by the state as a child care agency. § T.C.A. 71-3-503 (B)(7)**

By my signature below, I acknowledge that I have read and agree to abide by the policies and procedures stated in the Parent Handbook (available from the PDO Office). This includes the policies regarding payment of fees, arrival and departure from the center, and children with illnesses.

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please sign and return to the Parents' Day Out Director.