

**Harris Creek Parent's Day Out
And Preschool
Enrollment Information
2018-2019**

For Office Use Only
Date Received: _____
Supply Fee Paid: _____
Class Assignment: _____
How Referred: _____

Days Applying For: Tuesday only Thursday only Tuesday and Thursday

Child's Information

Full Name (Including Middle): _____

Nickname or other name the child goes by: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Gender: _____

Date of Birth: _____ Age on 9/1/18: _____

Child lives with: ____ Mother & Father ____ Mother ____ Father ____ Legal Guardian

Has child previously attended a PDO or preschool program? Yes / No If so, where? _____

Parent's Information

Parents are:

____ Married ____ Divorced ____ Separated ____ Widowed ____ Other: _____

If divorced, who has legal custody? ____ Mother ____ Father ____ Both

May the non-custodial parent pick up the child? Yes / No ** If no, you must provide legal documentation.

Mother's Full Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Employer: _____

Email Address: _____ Church Membership: _____

Father's Full Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Employer: _____

Email Address: _____ Church Membership: _____

Legal Guardian's Name (if applicable): _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Employer: _____

Email Address: _____ Church Membership: _____

Parent/Legal Guardian Signature: _____ Date: _____

Emergency Contacts

Name two people who would assume responsibility for your child if you cannot be reached.

Full Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Relationship to child: _____ Alternate Phone: _____

Full Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Relationship to child: _____ Alternate Phone: _____

Authorized Pickups

I hereby authorize Harris Creek Baptist Church to allow my child to leave the facility with ONLY the following persons (these are in addition to the Emergency Contacts):

Full Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Relationship to child: _____

Full Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Relationship to child: _____

Full Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Relationship to child: _____

Full Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Relationship to child: _____

I understand that my child will only be released from Harris Creek Baptist Church to me or a person on this list. If someone who is not on this pick up list comes for my child, I will notify Harris Creek Baptist Church in advance by phone or in person, and the person must have picture identification. I also understand that any person delivering or picking up my child must make staff members aware of my child's arrival and/or departure.

Parent/Legal Guardian Signature: _____ Date: _____

Acknowledgement of Policies and Procedures

I have read and understand the Harris Creek Parent’s Day Out and Preschool PARENT HANDBOOK. In order to keep my child enrolled at Harris Creek Baptist Church, I agree to abide by these policies. Harris Creek Parent’s Day Out and Preschool has the right to refuse admission to anyone.

I understand the importance of making timely tuition payments and using good judgment when determining whether to keep my child home if he or she should become ill.

Parent/Legal Guardian Signature: _____ Date: _____

Please read the following and initial “I give consent” or “I do not give consent.”

Emergency Transportation

I give Harris Creek Baptist Church permission to transport my child to a safe location in the event of a medical emergency or an emergency evacuation. I understand that I may or may not be notified in advance of such transportation.

_____ I give consent _____ I do not give consent

Field Trips

I give Harris Creek Baptist Church permission for my child to participate in excursions or other planned trips away from the church, so long as the church has provided advance notice for the activity.

_____ I give consent _____ I do not give consent

Water Activities

I give permission for my child to participate in supervised water activities while at Harris Creek Baptist Church. Such activities may include sprinkler play, water table play, or wading pool play.

_____ I give consent _____ I do not give consent

Media Release

I give permission for my child’s image to be displayed on the Harris Creek Baptist Church website and in other promotional materials. I understand that this material may be used for informational purposes within the church and may also be used to provide information about programs and activities to the public through publications, displays, in newspapers and other print media.

_____ I give consent _____ I do not give consent

Parent/Legal Guardian Signature: _____ Date: _____

Medical Information

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the person in charge at Harris Creek Baptist Church to take my child to:

Name of Physician: _____ Clinic: _____

Address: _____ City: _____ Zip: _____

Phone: _____

Name of Preferred Hospital: _____

Address: _____ City: _____ Zip: _____

Phone: _____

Insurance Company Name: _____ Policy #: _____

Phone: _____

I give consent for this facility to secure any and all necessary emergency medical care when my child is in the care of this physician and/or hospital or clinic.

Parent/Legal Guardian Signature: _____ Date: _____

Medical History

Please list any special needs or problems that your child has including allergies (food, medication, etc.), existing illnesses, previous serious illnesses, or serious injuries that we should be made aware of. Also include any hospitalizations during the past 12 months, and any medication prescribed for continuous, long-term use. Please write N/A if inapplicable.

Parent/Legal Guardian Signature: _____ Date: _____

Required Health Statement

In accordance with the Minimum Standards for child care centers, a health statement is required to be on file at the church before each child may attend the program.

In order for your child to be admitted to the program, you must have your child's doctor fill out and sign this form. We must also have a copy of your **child's current immunization record** before your child may attend the program.

Child's Name: _____

Date of Birth: _____

Physician's Statement

I have examined this child within the past year and find that the child is physically able to take part in the child care program.

Name of Physician: _____ Clinic: _____

Address: _____ City: _____ Zip: _____

Phone: _____

Physician's Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____