

Parent's Day Out
Registration Form

Christ United Methodist Church
2375 East 3300 South, Salt Lake City, UT 84109 – 2796
(801) 486-5473, PDO (801) 483-2715

Tuesday Wednesday Thursday
 9:30-12:30 9:30-3:30 9:30-12:30 9:30-3:30 9:30-12:30 9:30-3:30
Background Information (Please print) Registration Fee: \$25/child

Child:
Name: _____ Birthdate: _____
Address: _____ City: _____ Zip: _____
Phone Number: (Home) _____

Parents:
Mother's Name: _____ Occupation: _____
Address (if different from above): _____ City: _____ Zip: _____
Phone numbers: Home: _____ Work: _____ Cell _____
Email address: _____
Father's Name: _____ Occupation: _____
Address (if different from above): _____ City: _____ Zip: _____
Phone numbers: Home: _____ Work _____ Cell _____
Email address: _____

Family:
Number of Siblings: _____ Names & Ages: _____
Other people living in household: _____
Church Affiliation: _____

Emergency/Medical Information (please note if these have changed from prior registration forms)

In case of an emergency, who could we contact if unable to reach parents?
Name: _____ Relationship: _____
Phone: _____
Child's Physician: _____ Phone: _____
Health Insurance Co.: _____ Policy No.: _____
Is your child allergic to anything? _____
Does your child have any known medical problems? _____
*****Please attach a copy of your child's current immunization record*****

Pickup Authorization (please note if these have changed from prior registration forms)

Who is authorized to pick up the child (other than parents listed above): *
Name: _____ Relationship: _____
Name: _____ Relationship: _____
Code Word: _____

* ***These people must show photo identification if they come for your child.***

Child:

Does your child have any special needs? (i.e. allergies to any foods, fears, feelings of insecurity, etc.) _____

Does he/she relate well to other children? _____

Does he/she relate well to adults? _____

Favorite play activity: _____

Favorite books: _____

Favorite animal: _____

What language(s) is/are spoken in the home? _____

Discipline:

What type of discipline (or guidance) do you use? _____

Most common reasons for discipline: _____

Child's response: _____

Is there any other information you think is important for us to have about the child? _____

What is the most important thing you want your child to derive from our program? _____

Parental Consent for Emergency Medical Treatment

Your signature below indicates you have read and agree to the program guidelines as written in the "Parent's Day Out Guidelines" memo. In the event of accident or illness to your child, your signature also indicates you indemnify and agree not to hold liable the following parties. Christ United Methodist Church, PDO teachers, substitute teachers, church administrators, trustees, coordinators or other volunteers associated with the program.

Mother's signature: _____ Date: _____

Father's signature: _____ Date: _____