



PDO STUDENT REGISTRATION

Tuesdays & Thursdays | 9am-2pm

Today's Date: _____ Desired Start Date: _____

Child's Full Name: _____ M ___ F ___

Preferred Name _____ Date of Birth _____ Age _____

Home Address _____

Mother's Name: _____ Occupation _____

Cell Phone _____ Work Phone _____

Email _____

Father's Name: _____ Occupation _____

Cell Phone _____ Work Phone _____

Email _____

Do you have siblings attending PDO? YES NO

Name of Sibling(s): _____ Age(s): _____

IMMUNIZATION RECORD A copy of your child's vaccination record is required for enrollment to our program.

ENROLLMENT FEES: Enrollment fee must accompany this contract for your child to be considered registered.

The **\$25 Registration Fee** (per family) + **\$25 Activity Fee** (per child) is paid in full. This fee is **non-refundable** unless we are unable to place your child. By signing this registration contract, you agree to terms of enrollment for the 2024-25 school year. Registration is open to all children regardless of race, ethnic origin, or religious preference.

TUITION PAYMENTS: The first month's tuition plus an advance tuition payment for May 2025 is **due on or before your child's first day of class** (\$225 + \$225 = \$450). After the first month of class, monthly tuition (\$225) is due by the 5th of each month. Tuition is non-refundable.

***** OFFICE USE ONLY *****

Date Received: _____ Director's Signature: _____

Start Date: _____ Class: _____

- \$25 Registration Fee Paid ONLINE CASH CHECK #
 \$25 Activity Fee Paid ONLINE CASH CHECK #

TUITION AGREEMENT

- I am responsible for and agree to pay monthly tuition at a rate as set by PDO, for the care of my child. I understand that tuition payments are **due on the fifth day of each month**.
- I am responsible for and agree to pay a **Registration Fee of \$25.00** at the time of my child's enrollment (per family). I understand that this fee is **non-refundable** unless we are unable to place my child.
- I am responsible for and agree to pay an **Activity Fee of \$25.00** at the time of my child's enrollment (per child). I understand that this fee is **non-refundable** unless we are unable to place my child.
- I am responsible for and agree to pay a **\$25.00 late fee** if my tuition is not paid in full by the end of business on the fifth of each month.
- I understand that I am responsible for giving **two weeks' notice** if I wish to withdraw my child from the PDO Program before the end of the school year. May's tuition will be applied to the last month your child attends.
- I am responsible for and agree to communicate directly with the PDO Director if I am having problems with my tuition payments.
- 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 Committee.
- I understand that I am responsible for my child's monthly tuition **even if my child is absent** due to illness, or vacation.
- I understand that PDO closes at 2:15PM 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 2:15PM, and that this fee will be added to my next tuition payment.
- My signature below indicates that I have read and understand the above conditions, and that I agree to comply with these terms.

PARENT/GUARDIAN NAME (printed):

CHILD'S NAME (printed):

Parent/Guardian Signature

Date

HEALTH & INFORMATION FORM

Child's Name: _____

EMERGENCY CONTACTS

Doctor's Name: _____ Phone: _____

Please list two emergency contacts (in case parents can't be reached)

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

ALLERGIES & MEDICAL

Please list any known **allergies** that PDO should be aware of (*including food, drink, insects, plants, etc.*):

Degree of allergy: MILD MODERATE SEVERE

Does your child require an EPIPEN? YES NO

Typical Reaction: _____

Treatment: _____

Child's Physician: _____ Phone: _____

Please list any **medical conditions** that we should be aware of:

GETTING TO KNOW YOUR CHILD

Has your child ever participated in a structured program? YES NO

Has your child ever been denied enrollment or re-enrollment? YES NO

What are your child's favorite activities? _____

What activities does your child dislike? _____

EATING HABITS

Does student feed themselves? YES NO N/A

List any eating habits and/or difficulties: _____

If a student refuses to eat, how is this handled? _____

SLEEPING HABITS

Does your child typically sleep through the night? YES NO

Child's Bedtime: _____ Nap Time: *from* _____ *to* _____

SPEECH AND PHYSICAL GROWTH

Does your child talk well? WELL FAIRLY WELL NOT VERY WELL N/A

Does your child hear well? WELL FAIRLY WELL NOT VERY WELL

Is your child receiving treatment/therapy of any kind (speech, language, etc.)? YES NO

If yes, please list: _____

LIFE EVENTS: Has your child had any of the following experiences in the past year?

Birth of another child in the family Changing of schools

Serious illness, child/family member Divorce of parents

Death in the family Moving

Other _____

BEHAVIOR HABITS:

Comforting Behaviors? Pacifier Finger Sucking Nail Biting Other _____

Any known fears? _____

List methods of discipline used with your child at home: _____

Please check all that apply to your child:

Generally happy Very Sensitive / Cries Easily Interacts well with other children

Shares well with others Knows how to take turns Scared of new people/strangers

List any information you think we should know about your child to help them adjust and excel in our program:

PICK-UP AUTHORIZATION FORM

Child's Name: _____

Class: BABIES TODDLERS 2 YRS 3 YRS PREK

Parent/Guardian Name: _____

Phone: _____

Parent/Guardian Name: _____

Phone: _____

- - PEOPLE AUTHORIZED TO PICK-UP MY CHILD - -

(please list all people authorized to pick-up your child from PDO)

Name (please print): _____

Phone: _____

Name (please print): _____

Phone: _____

Name (please print): _____

Phone: _____

Name (please print): _____

Phone: _____

Name (please print): _____

Phone: _____

NOTE: For the safety of your child, **we are not allowed to release your child to anyone NOT listed on this form.** In case of a last-minute change or addition, a written note must be sent to the Program Director - including the person's name and contact phone number. In case of emergency, the directors can authorize with verbal consent from the parent.

Parent Signature

Date

******* OFFICE USE ONLY *******

Date Received: _____

Director's Signature: _____

HANDBOOK & LICENSING AWARENESS

Child's Name: _____

Siblings Names: _____

Parent Name: _____

PHOTO RELEASE

YES NO

I give *Parents Day Out at First United Methodist Church* permission to use my child's photos/videos for brochures, website and other marketing areas to promote their PDO program. I understand that the child's name will never be posted to protect their identity.

HANDBOOK POLICIES ACKNOWLEDGMENT

By my signature below, I acknowledge that I have read and agree to abide by the policies and procedures stated in the FUMC Parents Day Out Parent Handbook.

LICENSING

Tennessee Code Annotated (TCA 71-3-527a) states that: *"Parents Day Out" or similar programs carried on by churches or church organizations which provide custodial care and services for children of less than school age for not more than two (2) days in each calendar week and for not more than six (6) hours each day, and the conducting of any such program shall not be construed to constitute the operation of a child care center.*

I understand that Parents Day Out at First United Methodist Church is **not licensed** and is **not required to be licensed** by the state as a childcare agency.

Parent/Guardian Signature

Date

***** OFFICE USE ONLY *****

Date Received: _____

Director's Signature: _____