



2010-2011 KID'S DAY OUT FALL ENROLLMENT FORM

A Ministry of Eastminster Presbyterian Church

Non-Refundable Enrollment Fee is \$40

Please Print

Child's Name _____ BOY / GIRL Birthdate ____/____/____
 Address _____ Home Phone # _____
 City _____ State _____ Zipcode _____
 Mom's Name _____ Cell Phone _____ Work Phone _____
 Dad's Name _____ Cell Phone _____ Work Phone _____
 Names & ages of siblings _____

The following people are authorized to pick up my child from Kid's Day Out: _____

In case of an EMERGENCY and a parent cannot be reached, please call:

1. _____ Phone _____ Relationship _____
2. _____ Phone _____ Relationship _____

Church Affiliation _____
 How did you hear about our program? _____

KDO hours are 9:30 a.m. - 1:00 p.m.

I wish to enroll my child in _____ Wednesdays **OR** _____ Fridays

Class placement will be determined by BIRTHDATE

Birthdate ____/____/____

MEDICAL RELEASE AND EMERGENCY INFORMATION

Child's Physician _____ Phone _____ Hospital Preference _____
 Do you have health insurance? YES / NO Policy name & # _____
 Do you receive medical assistance? YES / NO Program & # _____
 Is child eligible for military medical care? YES / NO I.D. # _____
 Drug Allergies: _____ Food Allergies _____
 Are shots up to date? YES / NO

I give my permission for my child's picture to appear in EPC publications and/or website, with the understanding that their name and personal information will remain confidential. In order to meet all legal requirements, I hereby authorize the staff of Eastminster Presbyterian Church's Children's Ministries who are representatives of Eastminster's Kid's Day Out Program to give consent for any and all necessary emergency medical care for my child _____ while said child is in said care between the dates of September 1, 2010 and May 31, 2011.

I agree to pay the full tuition for my child if I must withdraw my child before the end of the session; I will notify the director in writing and make payment arrangements with her.

Signature of Parent or Guardian _____ Date ____/____/____

Non-Refundable Enrollment Fee of \$40.00 MUST accompany this Enrollment Application

FOR OFFICE USE ONLY

Date Received: ____/____/____ Time Received: _____ AM / PM Deposit: Check# or Cash _____ \$ _____ Confirmation Sent: ____/____/____