

**Central Baptist Church**  
**Parents' Day Out Registration Form**  
**2022**

We are requesting enrollment in (choose one): Monday/Wednesday or Tuesday/Thursday

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

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

**Parents/Guardian Information**

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

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

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

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

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

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

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)*

Please list people to whom the child may be released. When picking up a child from PDO, the name on this release form must match the name on the driver's license.

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1. Name: \_\_\_\_\_ Relation to Child \_\_\_\_\_

Cell Phone \_\_\_\_\_ Other \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation to Child \_\_\_\_\_

Cell Phone \_\_\_\_\_ Other \_\_\_\_\_

3. Name: \_\_\_\_\_ Relation to Child \_\_\_\_\_

Cell Phone \_\_\_\_\_ Other \_\_\_\_\_

### **Medical Information**

In the event of an emergency, every effort will be made to reach parents. If parents cannot be reached, I authorized Central Baptist church Parents' Day Out 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

\_\_\_ Please take my child **only** to Children's Hospital

\_\_\_ Please allow Ambulance Service to treat my child.

Please note that an on- site staff person will be CPR trained. We contact EMS(911) anytime we feel that it is warranted. Initial \_\_\_\_\_

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

### **Insurance Information**

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

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Please list any special medical needs or allergies: \_\_\_\_\_

\_\_\_\_\_

**We need a copy of their insurance card to put in the file.**

**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
3. Has your child had asthma or wheezing? \_\_\_\_ Yes \_\_\_\_ No
4. Has your child ever had chicken pox? \_\_\_\_ Yes \_\_\_\_ No
5. Has your child had allergic skin reactions with such as hives, welts, contact dermatitis, etc?  
\_\_\_\_ Yes \_\_\_\_ No Which Ones? \_\_\_\_\_  
\_\_\_\_\_
6. Does your child have any allergies to food? \_\_\_\_\_  
\_\_\_\_\_
7. Is there anything else that will be helpful to know about your child?  
\_\_\_\_\_

**Please answer the following:**

1. My child's immunization and health records are current. You must provide Central Baptist Church Parents' Day Out a copy for their records. Initial \_\_\_\_\_
2. I give permission for my child's picture and or videos to be used on bulletin boards, newsletters, Central Baptist Church website and any other marketing program to publicize Christian programs. Names will not be used. Initial \_\_\_\_\_
3. I (am a) Central Baptist Church member \_\_\_\_\_ I attend Central Baptist Church \_\_\_\_\_ 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 above information is true and correct to the best of my knowledge.

**I understand that Central 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 center, and children with illness.

Parent/Guardian Print Name: \_\_\_\_\_

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

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