

Entrance Date \_\_\_\_\_

Date Received \_\_\_\_\_

Exit Date \_\_\_\_\_

### PARENT'S DAY OUT

#### 2010-2011

GRACE LUTHERAN CHURCH OF L A GRANGE

2-5 YEAR OLDS (pre-kindergarten)

Registration/Enrollment Form

Tuition can be paid monthly or by session. There is a \$25.00 one-time registration fee per family. A 10% discount is given for each additional child.

\$25.00 per session - Monday and Thursday afternoons 12:15 - 3:00 p.m.

\$35.00 per session – Fridays 9:00 a.m. - 1:00 p.m.

All checks may be made out to **Grace Lutheran Church**. There are no refunds or credits for sessions missed.

Please check the sessions you will be attending

Mondays		Thursdays		Fridays					
Oct 4	_____	Feb 7	_____	Oct 7	_____	Jan 27	_____	Nov 5	_____
Oct 18	_____	Feb 14	_____	Oct 14	_____	Feb 3	_____	Nov 12	_____
Oct 25	_____	Feb 28	_____	Oct 21	_____	Feb 10	_____	Nov 19	_____
Nov 1	_____	Mar 7	_____	Oct 28	_____	Feb 17	_____	Dec 3	_____
Nov 8	_____	Mar 14	_____	Nov 4	_____	Feb 24	_____	Dec 10	_____
Nov 15	_____	Mar 21	_____	Nov 11	_____	Mar 3	_____	Dec 17	_____
Nov 29	_____	Apr 4	_____	Nov 18	_____	Mar 10	_____	Jan 7	_____
Dec 6	_____	Apr 11	_____	Dec 2	_____	Mar 17	_____	Jan 14	_____
Dec 13	_____	Apr 18	_____	Dec 9	_____	Mar 24	_____	Jan 21	_____
Jan 3	_____	Apr 25	_____	Dec 16	_____	Apr 7	_____	Jan 28	_____
Jan 10	_____			Jan 6	_____	Apr 14	_____		
Jan 24	_____			Jan 13	_____	Apr 21	_____		
Jan 31	_____			Jan 20	_____	Apr 28	_____		

(Please complete one form per child)

Child's Name \_\_\_\_\_

Male

Female

Child's Age \_\_\_\_\_ Date of Birth Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Child's Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Name \_\_\_\_\_

Potty trained completely?  Yes  No

Parent's/Guardian's Telephone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

E-mail \_\_\_\_\_

Are you a member of Grace Lutheran Church?  Yes  No

If your child becomes ill or injured while at Parent's Day Out, we will contact you first. Please list those persons who would be able to pick up your child, in the event we are unable to reach you.

Name: _____	Phone #: _____
Address: _____	Relationship w/child: _____
Name: _____	Phone #: _____
Address: _____	Relationship w/child: _____
Name: _____	Phone #: _____
Address: _____	Relationship w/child: _____

List below all persons who are allowed to pick up your child from PDO. We will need to see identification from them before the child will be released.

Name: _____	Phone #: _____
Address: _____	Relationship w/child: _____
Name: _____	Phone #: _____
Address: _____	Relationship w/child: _____
Name: _____	Phone #: _____
Address: _____	Relationship w/child: _____

Please list any special dietary needs, allergies, medical concerns and/or comments about your child that will be helpful to us in providing quality care for him/her: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Program Information**

1. I have received the Grace Lutheran Church Parent's Day Out brochure.
2. I fully understand the policies and procedures of the Grace Lutheran Church Parent's Day Out program and agree to abide by them in spirit and action. I will cooperate with them to see that all regulations, rules and laws are followed.
3. I understand that this is a Christian program with Bible story time and prayer/blessing before snack and lunch.
4. I understand that Grace Lutheran Church Parent's Day Out is not responsible for my child until he/she has been placed in the personal care of their teacher. The child is the parent's responsibility before being dropped off (signed-in) and after the child has been picked up (signed-out).
5. I understand that Grace Lutheran Church Parent's Day Out will not be held responsible for any illness that may occur due to perishable items that have been placed in his/her lunch.

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

## Photography Approval

There may be an occasion when parents want to take pictures of their child in his/her Parent's Day Out classroom. We would also like to have some pictures of the children and their teachers to put on the bulletin boards for them to see throughout the year.

I give my permission for my child, \_\_\_\_\_ to be photographed at Grace Lutheran Church Parent's Day Out.

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

## Authorization for Emergency Medical Care

In order to meet all legal requirements, I hereby authorize

Lynne Blatchley, Director

Bridgette Snyder, Director Designate

representatives of Grace Lutheran Church Parent's Day Out, to give consent for any and all necessary emergency medical care for my child, \_\_\_\_\_, while said child is in said individual's custody. The child's Certificate of Child Health Examination Record may be made available to the Emergency Room Staff.

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

**Grace Lutheran Church**  
200 N. Catherine Ave.  
LaGrange, IL 60525  
708-352-0730