

Parent's Day Out Program Registration Form 09/10
Tuesday and Thursday 11:30 am- 3:15 pm
 for
Messiah Lutheran School

Child's name: _____ Age: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

<p>Father</p> <p>Name: _____</p> <p>Address: _____</p> <p>Home phone: _____ cell phone: _____</p> <p>Work phone: _____ other: _____</p> <p>Employer: _____</p> <p>Occupation: _____</p>	<p>Mother</p> <p>Name: _____</p> <p>Address: _____</p> <p>Home phone: _____ cell phone: _____</p> <p>Work phone: _____ other: _____</p> <p>Employer: _____</p> <p>Occupation: _____</p>
<p>Stepfather/other</p> <p>Name: _____</p> <p>Address: _____</p> <p>Home phone: _____ cell phone: _____</p> <p>Work phone: _____ other: _____</p> <p>Employer: _____</p> <p>Occupation: _____</p>	<p>Stepmother/other</p> <p>Name: _____</p> <p>Address: _____</p> <p>Home phone: _____ cell phone: _____</p> <p>Work phone: _____ other: _____</p> <p>Employer: _____</p> <p>Occupation: _____</p>

Transportation Information

The following people are authorized to pick up student:

1. _____ 2. _____
3. _____ 4. _____

(additional information on page 2)

Medical Information:

Name of Insurance Company _____ policy id # _____

Covered under what name? _____ Authorized to call doctor? Yes No

Doctor _____ Phone # _____

Dentist _____ Phone # _____

Hospital Preferred _____ Allergies _____

Please specify any health concerns:

Please specify unique health instructions:

*My child must take medicine at school. Yes/No Please explain: _____

**All medicine (including aspirin & Tylenol) at school must be accompanied by a doctor's written order, permission slip that can be picked up in school office, and a list of side effects. Medication must be in original container that is kept in the school office.*

People to contact in an emergency (please do not list parent information)

Emergency Contact: _____ Phone #: _____

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Emergency Contact: _____ Phone #: _____

Referral needed in case of emergency YES NO (please circle)

I give my permission for the staff of Messiah Lutheran School to seek emergency medical treatment for my child if I am not present. I do understand that every reasonable effort to contact me will be made.

I understand in order to secure my child's continued participation in Parent's Day Out, the program fee of \$30 per week is due the first of every month, one month in advance, regardless of my child's attendance in the program. Failure to pay could result in my child being removed from the program. I further understand I will be assessed a \$20 fee for each day my child is not picked up by 3:25 pm.

Parent signature: _____ Date: _____

Registration fee \$30 Date paid: _____ cash: _____ check: _____ check number _____