



"A great place to worship and serve in God's name"
309 East Broadway Avenue • Maryville, TN 37804

PARENT'S DAY OUT ENRICHMENT PROGRAM

Phone: (865) 982-1183

REGISTRATION FORM

CHILD'S FULL NAME		SEX	AGE	DATE OF BIRTH	HOME PHONE NUMBER						
		M F									
FULL STREET ADDRESS		ZIP CODE	DAYS ATTENDING (No more than 2 days)								
			MON	TUE	WED THURS						
MOTHER	PARENTAL INFORMATION			FATHER							
	← NAME →										
	← OCCUPATION →										
	← NAME OF COMPANY →										
	← BUSINESS PHONE # →										
	← HOME PHONE # →										
	← CELL PHONE # →										
IN CASE OF EMERGENCY											
CONTACT INFO	NAME	ADDRESS			PHONE #						
ALTERNATE CONTACT #1											
ALTERNATE CONTACT #2											
PHYSICIAN											
DENTIST											
<p>I GIVE MY PERMISSION to Broadway United Methodist Church to make whatever emergency (e.g., first aid, disaster, evacuation) measures as judged necessary for the care and protection of my child (named above), while under the supervision of the Parent's Day Out Enrichment Program. It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on my behalf.</p>											
Date: _____		Signature of Parent: _____									
WHO IS AUTHORIZED TO PICK UP YOUR CHILD OTHER THAN YOU?											
NAME		PHONE #		NAMES OF PERSONS NOT AUTHORIZED TO PICK UP YOUR CHILD							
NAME		PHONE #									
NAME		PHONE #									
THIS FORM MUST BE ACCOMPANIED WITH A NON-REFUNDABLE 75.00 REGISTRATION FEE PAYABLE AT THE TIME OF REGISTRATION AND DUE ON AUGUST 1 ST ANNUALLY FOR AS LONG AS YOUR CHILD IS ENROLLED IN PDO.			PLEASE INDICATE BELOW, IF YOU ARE AVAILABLE AS A				HOW WERE YOU REFERRED TO US?:				
			SUBSTITUTE				INTERNET	AD			
			VOLUNTEER				FRIEND (Please specify):				
			FUNDRAISER								
FOR OFFICE USE ONLY	REG	FEE	MED	SHOT	TUITN	TOUR	INTRV	CONF	DATA	FILE	COMP

CONTINUE TO PAGE 2 FOR THE HEALTH HISTORY SECTION AND PAGE 3, THE TUITION AGREEMENT