

PARENT'S DAY OUT ENRICHMENT PROGRAM

Phone: (865) 982-1183

309 East Broadway Avenue • Maryville, TN 37804

REGISTRATION FORM

CHILD'S FULL NAME			SEX		AGE	DATE	DATE OF BIRTH		HOME PHONE NUMBER		
			N								
FULL STREET ADDRESS				ZIP (CODE	DAYS	ATTEN	DING (No	more th	an 2 days)	
					ION	TUE	WED	THURS			
MOTHER			PARENTAL INFORMATION					FATHER			
			\leftarrow NAME $ ightarrow$								
			\leftarrow occupation $ ightarrow$								
			\leftarrow NAME OF COMPANY \rightarrow								
			← BUSINESS PHONE # →								
			\leftarrow HOME PHONE # \rightarrow								
			\leftarrow CELL PHONE # \rightarrow								
IN CASE OF EMERGENCY											
CONTACT INFO ALTERNATE	NAME			ADDRESS				PHONE #			
CONTACT #1											
ALTERNATE CONTACT #2											
PHYSICIAN											
DENTIST											
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.											
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				PLEASE INDICATE BELOW, IF YOU ARE AVAILABLE AS A				HOW WERE YOU REFERRED TO US?:			
								INTERNET AD			
AUGUST 1 ST ANNUALLY FOR AS LONG YOUR CHILD IS ENROLLED IN PDO								FRIEND (Please specify):			
FUNDRAISER PUNDRAISER											
FOR REG OFFICE USE ONLY	FEE	MED	SHOT	TUITN	TOUR	INTRV	CONF	DATA	FILE	COMP	