



PARENTS DAY OUT AT  
BROADWAY UNITED  
METHODIST  
WHERE JOYFUL LEARNING BEGINS

Parents Day Out at Broadway  
United Methodist  
**Registration Form**

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Thank you for your interest in Parents Day Out BUMC. To begin the registration process, please fill out this form. Please note that this form is for expressing interest in securing a spot at Parents Day Out BUMC and does not constitute formal enrollment, until registration fee is paid. Upon receiving the completed registration form, we will contact you to discuss availability, enrollment options, and to finish the enrollment process.

### Child Information

\_\_\_\_\_  
CHILD'S FULL NAME

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
CHILD'S GENDER

\_\_\_\_\_  
SIBLINGS AT [DAYCARE CENTER]

\_\_\_\_\_  
CHILD'S HOME ADDRESS

### Parent/Guardian Information

\_\_\_\_\_  
PARENT 1 NAME

\_\_\_\_\_  
PARENT 2 NAME

\_\_\_\_\_  
RELATIONSHIP TO CHILD

\_\_\_\_\_  
RELATIONSHIP TO CHILD

\_\_\_\_\_  
PARENT 1 HOME ADDRESS

\_\_\_\_\_  
PARENT 2 HOME ADDRESS

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PARENT 1 PHONE NUMBER

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PARENT 2 PHONE NUMBER

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PARENT 1 EMAIL ADDRESS

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PARENT 2 EMAIL ADDRESS

PREFERRED CONTACT METHOD

PHONE  EMAIL

PREFERRED CONTACT METHOD

PHONE  EMAIL

## Enrollment Preferences

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DESIRED START DATE

DESIRED CARE SCHEDULE  
DAY

Tuesday

Wednesday

Thursday

## Additional Information

SPECIAL MEDICAL CONCERNS (ALLERGIES, DIAGNOSES, ETC)

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PHYSICAL DEVELOPMENT DELAYS

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EDUCATIONAL OR INTELLECTUAL CONDITIONS/DIAGNOSES

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SPECIFIC CONCERNS OR CONSIDERATIONS

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HOW DID YOU HEAR ABOUT [DAYCARE CENTER NAME]?

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> FRIEND OR FAMILY | <input type="checkbox"/> GOOGLE       |
| <input type="checkbox"/> ADVERTISEMENT    | <input type="checkbox"/> SOCIAL MEDIA |
| <input type="checkbox"/> OTHER: _____     |                                       |

## Acknowledgement

By signing below, I/we confirm that this form is an expression of interest in securing a spot at [Daycare Center Name] and does not constitute a formal enrollment application. I/we understand that the daycare center will contact me/us to discuss availability and provide information on the next steps for the formal enrollment process.

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PARENT 1 SIGNATURE

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PARENT 2 SIGNATURE

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DATE

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DATE

In Case Of Emergency

Name	Address	Phone #

This form must be accompanied with a non-refundable 100.00 Registration Fee Payable at the time of Registration and due Annually in August for as long as your child is enrolled in PDO