



Date Recieved _____

Registration Paid _____

CROSSROADS

Parents' Day Out

Registration Form

Child's Name _____

Nick Name _____

First Middle Last

Date of Birth ____/____/____ Age by Sept 1st _____

Gender _____

Parent/Guardian

Name _____

Address _____

City _____ State _____ Zip _____

Phone/Cell _____

Email _____

Parent/Guardian

Name _____

Address _____

City _____ State _____ Zip _____

Phone/Cell _____

Email _____

Pick-Up Authorization (Please list alternate pick-ups other than parents/guardians.)

Name _____ Phone/Cell _____ Relationship _____

Name _____ Phone/Cell _____ Relationship _____

Name _____ Phone/Cell _____ Relationship _____

Name _____ Phone/Cell _____ Relationship _____

**Only adults listed on this form will be able to pick up your child unless you give prior verbal or written permission for someone not listed above. Until staff becomes familiar with the individuals listed, they will be asked to show a form of picture ID before we can release your child from our care.*

Helpful Information

Parents' Denominational Preference _____ Location of Membership _____

What are you hoping your child will take away from his/her time at PDO?

Are there any circumstances you would like to share with us so we can better serve your child?

Reason for selecting PDO?

How did you hear about us?

Photography Release

May we have permission to photograph your child? ☐ Yes ☐ No

May we have permission to use your child's photograph for the purpose of promotion? ☐ Yes ☐ No

Medical Information

Child's Name _____

Date of Birth ____/____/____

Please write N/A to all that do not apply.

Allergies _____

Existing Illness or Health Concerns _____

Hospitalization during the past 12 months _____

Medications prescribed for continuous, long-term use _____

I give my authorization and permission to all staff members of *CrossroadsKids* PDO for medical treatment and transport of my child in the case of an emergency.

Hospital of choice _____ Phone _____

Primary Doctor _____ Phone _____

Wellness Policy

I understand that my child will not be allowed to attend PDO when he/she is running a fever of 100 degrees or higher, vomiting, has diarrhea, an unexplained rash, is unusually tired or listless or has a consistent heavy cough. I will arrive within 30 minutes of being contacted that my child is exhibiting any of the symptoms listed. My child must be symptom free, unmedicated, for 48 hours before returning to PDO.

Signature of Parent/Legal Guardian

Policy Agreement Form

I have read, understand and agree with the policies in the Parent Handbook for *CrossroadsKids* PDO.

Signature of Parent/Legal Guardian

Tuition and Registration Policy

The registration fee payment secures my place at PDO. I understand that tuition is due before the first day of each month whether or not my child attends every day.

Signature of Parent/Legal Guardian

Date