



Thank you for your interest in St. Laurence Parent's Day Out program! We're so excited to offer this ministry to our community's most precious little ones. Below you will find helpful information about our admission process.

Once you've filled out the registration form and paid the registration fee, your child will be placed on the list for enrollment. Please fill out every portion of the form to avoid delay, as children will be registered on a first-come, first-served basis. Remember to include your child's immunization record. Once we receive your completed forms, we will contact you within three working days to inform you of your child's placement in the St. Laurence Parent's Day Out program. Children who are registered after the initial classroom placement is full will be placed on a waiting list.

Please do contact us if you have additional questions.

God be with you,  
*Cherie Bennett, Director*  
**Parents' Day Out; St. Laurence Church**  
cheriebennett2046@gmail.com

The Admission Process:

1. Turn in your completed Registration Form and immunization record.
2. Registration Fee: \$150 per child, non-refundable. Due at time of registration.
3. By September 1, 2018, turn in your child's signed Physician's Statement. This statement is valid for one year from the date it is signed.
4. By September 1, 2018, enroll in Electronic Fund Transfer for monthly payment of \$230. The full annual tuition of \$2070 may be paid by September 1<sup>st</sup> for a 5% discount.



Child's Full Name		Child's Date of Birth	
Child's Home Address			
Child T-Shirt Size		How did you hear about St. Laurence Parents' Day Out?	
Father's Name		Mother's Name	
Father's E-mail Address		Mother's E-mail Address	
Father's Daytime Telephone No.	Father's Cell Phone No.	Mother's Daytime Telephone No.	Mother's Cell Phone No.
Parent's Address (if different from child's address)			
<b>EMERGENCY CONTACTS (REQUIRED)</b> Give the <b>name, address and phone number</b> of person to call in case of an emergency if parents cannot be reached.			Relationship
1.  2.			
I hereby authorize St. Laurence PDO to allow my child to leave the childcare operation <b>ONLY</b> with the following persons. Please list <b>name &amp; telephone number</b> for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

**PLEASE SELECT THE PROGRAM OPTION FOR YOUR CHILD:** based on age as of September 1, 2018.

18+ Months	2's & 3's	3's & 4's (PreK)
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**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION (REQUIRED):**

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:

I give consent for the facility to secure any and all necessary emergency medical care for my child.

\_\_\_\_\_  
**Signature - Parent or Legal Guardian**

**IMMUNIZATIONS:**

- I have provided St. Laurence Parent's Day Out with a copy of my child's most current immunization record.
- I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for two years.

List any special needs/challenges that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long -term continuous use, special learning needs and any other information which St. Laurence PDO should be aware of: **(if none, please write none)**

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I acknowledge that all the information above is true to the best of my knowledge. I acknowledge receipt of St. Laurence Parent's Day Out policies and procedures in the St. L PDO Parent Handbook.

\_\_\_\_\_  
**Signature - Parent or Legal Guardian**

\_\_\_\_\_  
**Date**

## Physician's Statement

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date of Last Examination \_\_\_\_\_

I have examined the above child within the past year and find that he/she is physically and mentally able to take part in the St. Laurence Parent's Day Out program.

Physician's Signature \_\_\_\_\_

Date \_\_\_\_\_