

**Application for Parents' Day Out (PDO)
Batavia United Methodist Church (BUMC)
2018-2019 Program Year**

Non-Refundable Application Fee* (Application Fee is per child)

___ \$30.00 BUMC Member ___ \$35.00 Community Friend
___ \$45.00 BUMC Family Fee (2 or more children) ___ \$50.00 Community Family Fee (2 or more children)

Please indicate below the day(s) desired:

___ Tuesday ___ Wednesday ___ Thursday ___ Friday

A child is allowed to attend Parents' Day Out for a maximum of two days per week per DCFS regulations.

Tuition:

Tuition is payable on the 1st week of each month, beginning in September. Your last tuition payment will be due the first week of May. Any payments made after the 15th of the month need to include a \$5.00 late fee.

Tuition rates are as follows:

Tuesday, Wednesday, Thursday or Friday - \$75.00 per month per day enrolled

*Please make checks payable to BUMC-Parents' Day Out

Personal Data:

Child Last Name _____ Child First Name _____ Boy ___ Girl ___
Address _____ City _____ Zip Code _____
Home Phone _____ Date of Birth _____
Cell Phone(s) _____
Mother's Name _____ Father's Name _____
Email Address: _____
Are you a member of Batavia United Methodist Church? ___ Other Affiliation _____

Please provide any additional information that would be beneficial in getting to know your child; such as, siblings names, pets, favorite activity, toy or game, etc. _____

Medical Information:

Physician _____ Physician's Phone Number _____
Physician's Address _____
Please list any **ALLERGIES**, medical concerns or comments about your child that would be helpful to us in providing quality care for him/her: _____

Parent/Guardian's Signature _____ Date _____

If your child becomes ill while at Parents' Day Out, we will first try to contact you using the information above. In the event we are unable to reach you, please provide us with a list of emergency contacts:

Name _____ Relationship to child _____
Phone _____ Address _____
Name _____ Relationship to child _____
Phone _____ Address _____
Name _____ Relationship to child _____
Phone _____ Address _____

Pick Up List:

List below all persons who will be allowed to pick up your child from PDO. A photo ID will be requested from anyone unknown to staff before your child will be released.

Name _____ Relationship to child _____
Phone _____ Address _____
Name _____ Relationship to child _____
Phone _____ Address _____
Name _____ Relationship to child _____
Phone _____ Address _____

Parents' Day Out Rules:

1. I have received the BUMC Parents' Day Out Handbook.
2. I fully understand the policies and procedures of BUMC Parents' Day Out and agree to abide by them in spirit and action. I will cooperate to see that all regulations, rules and laws are followed.
3. I understand that this is a Christian program with Bible story time and blessings before snack and lunch.
4. I understand that BUMC Parents' Day Out is not responsible for my child until he/she has been placed in the personal care of the paid staff. The child is the parent's responsibility (before 9:15am) before being dropped off and after the child has been picked up. Parents must sign their child in and out.
5. I understand that it is my responsibility to either pick up or make arrangements for my child to be picked up on time (time specified in PDO Handbook) from Parents' Day Out. Failure to do so will result in late fees being assessed as outlined in the PDO Handbook.
6. I understand that BUMC Parents' Day Out and their staff will not be held responsible for any illness that may occur due to perishable items that may have been packed in my child's lunch.
7. I understand that per DCFS regulations, a current health history, a physical (dated within the last 2 years) and a signed Physician's Statement must be kept on file at BUMC Parents' Day Out. Failure to have these papers on file by October 1 of the current term (if joining midterm, papers must be turned in before first day of attendance) will result in my child being removed from the program. If you have any questions regarding this requirement, please see the PDO Coordinator.

Signed _____ Date _____

Photography approval:

There may be an occasion when pictures are taken of children in the PDO setting for use on bulletin boards, PDO and BUMC newsletters, BUMC website, social media, etc. I give my permission for my child, _____ to be photographed during activities at BUMC Parents' Day Out.

Signed _____ Date _____

Authorization for Emergency Medical Care:

In order to meet all legal requirements, I hereby authorize:

PDO Coordinator, Becky Hooper,
PDO Staff,
Paid PDO Staff Substitutes,
PDO Representatives,
BUMC Paid Staff Personnel,

to give consent for any and all necessary emergency medical care for my child, _____, while said child is in said individual's custody. The child's Certificate of Child Health Examination Record (health history, physical and Physicians' statement) will be made available to the Emergency Room Staff. Parents are responsible for financial arrangements for treatment.

Signed _____ Date _____