

St. Mark Children's Day Out Fall 2018 Registration Form

Child
 First _____ Middle _____ Last _____ Gender: Male ___ Female ___

Birth date ____/____/____ Age (on September 1, 2018) _____ Street Address _____

City _____ State _____ Zip code _____ Child's Home Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____

Work Phone _____ Cell phone _____ E-mail _____

Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____

Cell phone _____ E-mail _____

Occupation _____ Employer _____

Child lives with: _____

Please list any medical problems, including any required maintenance medication (i.e. Diabetic, Asthma, Seizures).

| <u>Medical Problem</u> | <u>Required treatment</u> | <u>Should paramedic be called?</u> |
|------------------------|---------------------------|------------------------------------|
| _____ | _____ | Yes/No |
| _____ | _____ | Yes/No |

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes ___ No ___ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes ___ No ___ If yes, explain: _____

Does your child require a special diet?

Yes ___ No ___ If yes, explain: _____

Please circle the day/days that you wish for your child to attend

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

Tuition Costs for 2018-2019: One day=\$165 Two days=\$240 Three days=\$320 Four days=\$395 + Supply fees added to tuition in the months of October and March: One day=\$60 Two days=\$70 Three days=\$80 Four days=\$90

Church Affiliation: _____

Terms of Agreement

I understand that by paying the \$100 Registration fee that I am intending to enroll my child _____ for the 2018-2019 school year that begins on Tuesday, September 4, 2018 and ends on Thursday, May 16, 2019. I agree to pay my child's tuition by the 5th of each month, understanding that I also agree to pay both September 2018 and May 2019 tuition by September 4, 2018. If my child needs to leave St. Mark CDO before May 16, 2019, I will give the director at least 30 days written notice in order to utilize my May tuition as my final month's payment. I also understand that this \$100 registration fee is non-refundable. Once confirmed, St. Mark Children's Day Out guarantees my child enrollment on the days circled above.

Parent Signature _____ Date _____

OFFICE USE ONLY: DATE RECEIVED _____ Check# _____ or PayPal receipt attached Staff initials _____