

# St. Mark Children's Day Out

## Fall 2019-Spring 2020 New Family Registration Form

**Child**  
 First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (on September 1, 2019) \_\_\_\_\_ 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
_____	_____	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 2019-2020: One day=\$175 Two days=\$250 Three days=\$325 Four days=\$400 Supply fees added to tuition in the months of October and March: One day=\$60 Two days=\$70 Three days=\$80 Four days=\$90**

**Please indicate how you heard about St. Mark Children's Day Out** Website \_\_\_\_\_ YELP \_\_\_\_\_ Church \_\_\_\_\_  
 Word of Mouth \_\_\_\_\_ Other; please share \_\_\_\_\_

**Church Affiliation:** \_\_\_\_\_

**Terms of Agreement** I understand that by paying the \$100 Registration fee that I am intending to enroll my child \_\_\_\_\_ for the 2019-2020 school year that begins on Tuesday, September 3, 2019 and ends on Thursday, May 21, 2020. I agree to pay my child's tuition by the 5<sup>th</sup> of each month. As a new student to the CDO, I also agree to pay May 2020 tuition as a deposit due by May 16, 2019. If my child needs to leave St. Mark CDO before May 21, 2020, 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 once paid, both the \$100 registration fee and May 2020 month of tuition are non-refundable.** Once confirmed, St. Mark Children's Day Out guarantees my child enrollment on the days circled.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY: DATE RECEIVED** \_\_\_\_\_ **Check#** \_\_\_\_\_ **OR** **PayPal receipt attached** **Staff initials** \_\_\_\_\_