

# St. Mark Children's Day Out

## Fall 2024-Spring 2025 Registration Form

### Child

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

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (on September 1, 2024) \_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Emergency phone number \_\_\_\_\_

### 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 \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Child lives with: \_\_\_\_\_

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

Medical Problem

Required treatment

Should paramedics be called?

Yes/No

Has your child recently been treated for an injury or illness, had a recent hospitalization, ever received physical, occupational, or speech therapy, been prescribed any form of medication for any reason, or been diagnosed with a neurological disorder such as Attention Deficit Disorder or Autism? Yes\_\_\_\_ No\_\_\_\_

If yes, explain: \_\_\_\_\_

Is your child allergic to any type of food or medication or requires a special diet?

Yes\_\_\_\_ No\_\_\_\_ If yes, explain: \_\_\_\_\_

**Please circle the day/days that you wish for your child to attend during the 2024-2025 school year:**

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

**Tuition Costs for 2024-2025: One day=\$215 Two days=\$290 Three days=\$365 Four days=\$440 + Supply fees added to tuition in the months of October and March: One day=\$90 Two days=\$100 Three days=\$110 Four days=\$120**

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

**Terms of Agreement** I understand that by paying the \$150 Registration fee that I am intending to enroll my child \_\_\_\_\_ for the 2024-2025 school year. Fall semester begins on Tuesday, September 3, 2024 and ends on Thursday, December 19, 2024. Spring semester begins on Monday, January 6, 2025 and ends on Thursday, May 15, 2025. I agree to pay my child's tuition by the 5<sup>th</sup> of each month. **I also agree to pay May 2025 tuition upon enrollment along with a \$150 registration fee.** If my child needs to leave St. Mark CDO before May 15, 2025, 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 all fees paid to St. Mark CDO are 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 RECEIVED \_\_\_\_\_ Check# \_\_\_\_\_ or Zelle or PayPal receipt Staff Initials \_\_\_\_\_