



# FIRST BAPTIST LEBANON

## Parents' Day Out Enrollment Form

227 East Main Street, Lebanon, TN 37087

PDO/Preschool: 615-444-1423

Church Office: 615-444-3330

**Please print**

Full Name of Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_  
Street

City State Zip

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Mobile#: \_\_\_\_\_ Mobile#: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Work #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

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

Parent's Status: Married Separated Divorced Single Other

Family Religious Preference: \_\_\_\_\_ Church Membership: \_\_\_\_\_

Names/Ages of Siblings: \_\_\_\_\_

Special needs or allergies?: \_\_\_\_\_

## Release of Child

I authorize that my child, \_\_\_\_\_, be released by First Baptist Church Parents' Day Out Program to the following persons, in addition to those already listed on this application.

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Mobile #: \_\_\_\_\_ DL#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Mobile #: \_\_\_\_\_ DL#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Mobile #: \_\_\_\_\_ DL#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Mobile #: \_\_\_\_\_ DL#: \_\_\_\_\_

## Emergency Contact

Please list one local person who will be available to assume responsibility for your child (other than teacher) in an emergency if parents cannot be reached.

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Mobile #: \_\_\_\_\_ Alternate #: \_\_\_\_\_ DL#: \_\_\_\_\_

## Emergency Medical Care

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize First Baptist Church Parents' Day Out Program staff to take my child to an Emergency Room, or to the following physician or his/her associates for medical care.

Dr: \_\_\_\_\_ Hospital: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I give consent for any and all treatment deemed necessary by the attending physician (attach a photocopy of your insurance card).

\_\_\_\_\_  
Signature of Parent/Guardian

# Payment Agreement

The fees for First Baptist Church Parents' Day Out will be as follows:

**\$75.00 Non-Refundable Enrollment Fee**

**\$150.00 per month for one child**

**\$115.00 per month for each additional child**

The monthly fees are due and payable **on the first school day of each month**. A late charge of \$15 will be added to the tuition fees after the 1st day of the month. Monthly rates are subject to change. **Changes will be no less than \$5.00 per month and no more than \$10.00 per month.**

There will be a late charge of \$1.00 per minute for each child that is picked up after 2:00 p.m. This fee will be added to the following month's tuition.

**\*\*Whether sick or on vacation, payment for the entire month is required.\*\***

If, for some reason, you need to withdraw your child from the program, we require **TWO WEEKS NOTICE**. This notice should be submitted in writing. You will be charged for the two weeks after the notice is given even if your child does not complete the two weeks. This is necessary to allow time to fill the opening.

We have **5** built-in snow days. If we have more than **5** snow days, the weekday early education team of First Baptist will meet to determine if we will have make-up days or receive credit for those days missed.

All Enrollment Forms, Health Records, and Payment Agreements **must be completed** upon the child's admission.

This facility is not required to be licensed by the state as a child care agency.

I agree to the information stated above:

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

\_\_\_\_\_  
Date

Part time enrollment will not be considered until June 15th. Part time enrollees will only be considered if another part time student in the same class enrolls.

## FOR OFFICE USE ONLY

Paid \$75.00 Non-Refundable registration fee: \_\_\_\_\_ Ck# \_\_\_\_\_

Paid First Month \_\_\_\_\_ Ck # \_\_\_\_\_

Date of Enrollment \_\_\_\_\_ Class Assignment \_\_\_\_\_