

# Enrollment Packet

Please print clearly with blue or black ink.

## CHILD INFORMATION

Child's Full Name: \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

Name Called \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

Name Called \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

Name Called \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

## PARENT INFORMATION

Mother's Full Name: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Birth date \_\_\_\_\_

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

Cell Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Ext.: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Church Member: \_\_\_\_\_ Name of Church: \_\_\_\_\_ Christian: \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Birth date \_\_\_\_\_

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

Cell Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Ext.: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Church Member: \_\_\_\_\_ Name of Church: \_\_\_\_\_ Christian: \_\_\_\_\_

Parent/Guardian with legal custody \_\_\_\_\_

Parents are: Married \_\_\_ Living together \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widow \_\_\_ Single \_\_\_

Other Household Members:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

## **Emergency Contacts and Authorized Pick-up Person**

(Within 20-mile radius of church other than parent or guardian)

Primary Emergency Contact (other than parent) \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Relationship to child/children: \_\_\_\_\_

Secondary Emergency Contact (other than parents) \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Relationship to child/children: \_\_\_\_\_

Person(s) AUTHORIZED to pick up my child/children: (Besides parents, guardians, or emergency pick-ups)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**About Your Child** (Please fill out this section for each child) First Name: \_\_\_\_\_

1. Favorite toys, games activities? \_\_\_\_\_
2. Is your child Potty trained? \_\_\_\_\_ What words does your child use to go potty?  
\_\_\_\_\_
3. How does your child express anger or frustration? \_\_\_\_\_
4. Does your child have any special fears? \_\_\_\_\_
5. When your child is upset, what helps to comfort him/her? \_\_\_\_\_
6. How do you discipline your child? \_\_\_\_\_
7. Has your child been taking an afternoon nap? \_\_\_\_ If so, how long? \_\_\_\_\_
8. Does your child have allergies? \_\_\_\_\_ Explain? \_\_\_\_\_
9. How would you describe your child's dispositions \_\_\_\_\_
10. Special family situations? (such as custody specifications, problems arising from situations, etc.)  
\_\_\_\_\_
11. Any disorders/developmental (slow, advanced) diagnosed or suspected? \_\_\_\_\_
12. Previous childcare or school child has attended \_\_\_\_\_
13. Any problems at previous program? \_\_\_\_\_
14. Expectations of program? \_\_\_\_\_
15. Does your child attend Sunday school? \_\_\_\_ Where? \_\_\_\_\_
16. Other comments? \_\_\_\_\_

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## Child's Day Out Photo Release

Child's/Children's Name \_\_\_\_\_

Please check the appropriate line:

\_\_\_ I give the following      \_\_\_ I do not give the following

Child's Day Out Old Fort Baptist Church permission to take our have taken photo's of my child/children.

\_\_\_ I give the following      \_\_\_ I do not give the following

Child's Day Out Old Fort Baptist Church permission for my child to be video taped should the occasion rise.

I understand that these photos will not be sold or distributed with out my knowledge. I also understand that photograph's may be used for the web page [www.oldfortbaptist.com/cdo](http://www.oldfortbaptist.com/cdo), Child's Day Out brochures, display boards, art/craft projects, and various other things.

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

Date Signed \_\_\_\_\_

## Parent Fee Contract

Child's Name \_\_\_\_\_

I \_\_\_\_\_ am in agreement that I will pay  
(Parent Signature)

(Check one) \_\_\_\_\_ \$135 Mon/Wed \_\_\_\_\_ \$135 Tues/Thurs \_\_\_\_\_ \$260 for the 4 day 4year program

per month to Child's Day Out Old Fort Baptist Church. Payment is due the 1<sup>st</sup> of every month. I understand that if the payment is behind after 2 months your child may not return to Child's Day Out until the balance is paid in full.

In addition, I understand and agree that my registration fee is nonrefundable.

I also understand and agree that a late charge of \$5.00 for the first 15 minutes and \$2.00 for each additional 5 minutes for tardiness will be required to be paid when picking up your child/children.

If provider should receive a returned check due to insufficient funds there will be a fee of \$15.00.

I understand and agree to the terms:

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

## Handbook Receipt

I, the parent/guardian of \_\_\_\_\_, have read fully the online handbook and agree to follow the guidelines and policies established by Child's Day Out. I am aware of all of the health requirements, discipline policies and medical emergency procedures. I agree to maintain up-to-date immunizations for my child and will provide any change of information immediately to the Director. I agree to pay my tuition by the first class session of each month and will notify the Director immediately if there is an inability to pay my tuition.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## Emergency Information

Child/children's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Indicate to which child the following pertain:

Regular Medications: \_\_\_\_\_

Medicine allergies: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Any other allergies: \_\_\_\_\_

Any special health conditions: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



**Child's Day Out  
Old Fort Baptist Church  
10505 Dorchester Rd.  
Summerville, SC 29485  
(843) 376-0622**

I \_\_\_\_\_, give \_\_\_\_\_ permission  
(Parent or Guardian) (Child's Name)

to participate in the Child's Day Out Program of Old Fort Baptist Church which involves music, craft and physical recreational activities. All necessary precautions are taken to prevent injury and /or accident to any child. However, in the event an accident should occur, I will not hold the individual teacher, director or Old Fort Baptist Church responsible.

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Please list any special medical conditions and/or allergies that we need to know about with regards to your child: \_\_\_\_\_

\_\_\_\_\_

Due to this medical condition(s), my child should not participate in the following activities:

\_\_\_\_\_

I hereby give permission that my child/children, \_\_\_\_\_, may be given emergency treatment by a staff member. I also give permission for my child to be transported by car ambulance, air or aid car to an emergency center for treatment, and agree not to hold the staff person, Child's Day Out or Old Fort Baptist Church responsible.

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child/children in the case of an accident or emergency, as prescribed by a treating physician, and I will not hold Old Fort Baptist Church, Child's Day Out, or the attending physician responsible.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

Child's Day Out  
Old Fort Baptist Church

COVID-19 Pandemic Consent Form

I, \_\_\_\_\_, knowingly and willingly consent to have my child/  
children \_\_\_\_\_ attend Child's Day Out during  
the COVID-19 Pandemic.

I understand the COVID-19 virus has a long incubation period during which a carrier of the virus may not show symptoms and still be highly contagious. It is impossible to determine who has it and who does not.

I confirm that my child or I are not presenting any of the following symptoms of COVID-19 listed below:

- |                                    |          |
|------------------------------------|----------|
| High Fever exceeding 100.4 degrees | Vomiting |
| Shortness of Breath                | Diarrhea |
| Loss of sense of taste or smell    |          |
| Dry cough                          |          |
| Runny nose                         |          |
| Sore throat                        |          |

To prevent the spread of contagious viruses and to help protect each other, I understand that I will have to follow the strict guidelines issued by the CDC.

I understand that air travel significantly increases my child or family's risk of contracting and transmitting the COVID-19 virus and I understand that the CDC recommends physical distancing of at least 6 feet.

I verify  
that my child nor any immediate family members have not traveled outside of the United States in the past 14 days.

I verify that my child nor immediate family member has not traveled domestically within the United States by commercial airline, bus or train within the past 14 days.

I agree to all of the above and if anything changes, I agree to let the Child's Day Out staff know immediately.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date