



**Fall 2012 Registration**



630.355.7544 (p) 630.355.8194 (f)  
bburner@knoxpres.org

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Parents Names: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Home Phone: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_ Knox Member? Yes \_\_\_ No \_\_\_

**Please select the appropriate age group for your child based on their age by 9/1/2012.**

\_\_\_\_\_ Toddler – 15 months & walking      \_\_\_\_\_ Three's (fully potty trained)      \_\_\_\_\_ **One Day per week**  
\_\_\_\_\_ Two's      \_\_\_\_\_ Four / Pre K\*\*      \_\_\_\_\_ **Two Days per week**

All children are eligible to attend two days a week. Age ranges per class may fluctuate.

\*\*Pre K 2—Please check here to be included in the lottery for our Tuesday/Thursday Pre K 2 class.  
Only 10 spots are available. Students will be selected at random in August.

**Allergies?**  
(please list): \_\_\_\_\_

If your child has allergies you must complete an Allergy Action Plan to direct us in case there is a need for treatment.

Any other medical needs?  
\_\_\_\_\_

**MEDICAL INFORMATION**

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

Other Children in Family:  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_

**Registration Fees:** A non-refundable registration fee must be collected with your application; \$60 for the first child and \$20 for each sibling. Knox member registration is \$35 for the first child and \$15 for each sibling. Please read our brochure for more information about our program.

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Office Use: Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Amt Paid: \_\_\_\_\_ Check#: \_\_\_\_\_ Class Enrolled: \_\_\_\_\_

## RELEASE FORMS

1<sup>st</sup> CHILD'S NAME: \_\_\_\_\_ 2<sup>nd</sup> CHILD'S NAME: \_\_\_\_\_ 3<sup>rd</sup> CHILD'S NAME: \_\_\_\_\_

### EMERGENCY RELEASE

In case of emergency or illness while at Knox Children's Day Out, we will first contact the parent. If we are unable to contact the parent, please provide names of whom we may contact and release your child to. A photo id is required at pick-up.

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

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

Street

City

Zip

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

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

Street

City

Zip

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

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

Street

City

Zip

### PICK-UP PERSON RELEASE

Please provide the names of whom we may release your child to if a parent is not available to pick up your child. Written notification is needed if someone other than those listed below will be picking up. Ask your Teacher for a Designated P/U form. A photo id is required at pick-up.

*Use My Emergency Release Information Above: Yes \_\_\_\_\_ No \_\_\_\_\_*

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

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

Street

City

Zip

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

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

Street

City

Zip

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

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

Street

City

Zip

### MEDICAL CONSENT RELEASE

I hereby authorize the staff at Knox Presbyterian Children's Day Out to give consent for any necessary Medical Care for my child/children while he/she is in their care and we the parents cannot be reached. I also agree to pay all costs and fees related to any emergency medical treatment my child/children may receive as secured and authorized under this consent.

Parent Initials \_\_\_\_\_

### PHOTO RELEASE

I give Knox Presbyterian Children's Day Out permission to publish on paper or on the Knox website pictures taken of my child/children while attending Knox & its services.

Parent Initials \_\_\_\_\_

### PROGRAM RELEASE

1. I have received the Knox Children's Day Out Brochure & understand the policies and tuition procedures of Knox CDO and agree to abide by them in spirit and action. I will cooperate with them to see that all rules & regulations are followed.
3. I understand that this is a Christian Program with Religious Emphasis as part of the activities.
4. I understand that Knox CDO is only responsible for my child after he/she has been placed in the personal care of a teacher and before he/she has been picked up from the program. Outside of those times my child is my responsibility.
5. I fully understand that Knox CDO will not be held responsible for any illness that may occur due to perishable items that have been packed in my child's lunch.

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

Parent Name Printed: \_\_\_\_\_