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CURRENT FAMILY REGISTRATION 2012-2013

Registration forms and fees reserve your spot(s) in the 2012-2013 school year at CDO. Registration fees are \$60 for the first child and \$20 for each sibling. Knox Church member fees are \$35.00 for the first child and \$15 for each sibling. Class sizes are limited. Forms will be accepted starting January 9, 2012.

Last Name : _____

Address: _____

Home Phone: _____

Mother's Work/Cell: _____

Father's Work/Cell: _____

E-mail address: _____ Knox Member?: Yes or No (circle one)

Classes are divided in the following age groups based on age by 9/1/2012.

Toddlers – 15 months & walking
Two's

Three's (fully potty trained)
Four's/ Pre K**

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

CHILD'S NAME	BIRTHDATE:	Please Circle				Days per Week	
_____	___/___/___	1's	2's	3's	Pre K**	1	2
_____	___/___/___	1's	2's	3's	Pre K**	1	2
_____	___/___/___	1's	2's	3's	Pre K**	1	2
_____	___/___/___	1's	2's	3's	Pre K**	1	2

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

New Release forms must be signed each year providing Emergency Contact information and Authorized Pick Up people. Medical Forms must be supplied prior to the start of school if those on file are more than two years old..

Parent's Signature _____

(OVER)

For Office Use: Date Received: ___/___/___ Check #: _____ Cash: _____ Amt: _____

PROGRAM SURVEY (Optional)

Please rate your experience here at Knox Children's Day Out with 5 being very satisfied:

					Comments	
Daily Sign In:	1	2	3	4	5	_____
Daily Sign Out:	1	2	3	4	5	_____
Curriculum:	1	2	3	4	5	_____
Religious Curriculum:	1	2	3	4	5	_____
Sign Up Process:	1	2	3	4	5	_____
Drop Off:	1	2	3	4	5	_____
Current Family Registration:	1	2	3	4	5	_____
Newsletter Information:	1	2	3	4	5	_____
Daily Payments:	1	2	3	4	5	_____
Tickets:	1	2	3	4	5	_____
Teacher Communications:	1	2	3	4	5	_____
Office Communications:	1	2	3	4	5	_____

We value your opinion, if you would like to see something new at Knox CDO please provide suggestions below:

Thank you for your input!

RELEASE FORMS

1st CHILD'S NAME: _____ 2nd CHILD'S NAME: _____ 3rd 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 _____

Address: _____
Street City Zip

Name: _____ Phone : _____

Address: _____
Street City Zip

Name: _____ Phone : _____

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: _____

Address: _____
Street City Zip

Name: _____ Phone: _____

Address: _____
Street City Zip

Name: _____ Phone: _____

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: _____