

Parents' Day Out
The Presbyterian Church of Washington

Registration for 2009- 2010 School Year (September-May)

Child's Name _____

Registration Date _____

Birthdate _____ (enrolling children born between 8/1/06 and 3/1/08...other ages admitted only at discretion of the Director.)

YOUNGER CLASS (children born between 6/1/07 and 3/1/08): Wednesdays _____

OLDER CLASS (children born between 8/1/06 and 9/1/07)

One day a week Tuesday _____ OR Thursday _____

Two days a week Tuesday AND Thursday _____

Tuition is \$16.00 per day (\$14.00 church member/2nd child) payable 1st class day of month

_____ \$30.00 registration fee enclosed

Registration fee is refundable only if there is no space available for the child.

Mother's Name _____ Father's Name _____

Address _____

Home Phone _____ Cell Phone _____

Work Phone(s) _____ Email address _____

Medical Information

Doctor's Name _____ Phone Number _____

Medications _____

Allergies _____

Other Information _____

Please attach a copy of your child's immunization record.

List any information that would be helpful to the staff dealing with your child on the back of this form. ie. habits, comfort items, fears, eating issues, etc. Thank you.