

**Parents' Day Out**  
**The Presbyterian Church of Washington**

**Registration for 2011-2012 School Year (September-May)**

Child's Name \_\_\_\_\_ Registration Date \_\_\_\_\_

Child's Birthdate \_\_\_\_\_ (enrolling children born between 8/1/08 and 3/1/10  
... other ages admitted only at discretion of the Director)

YOUNGER CLASS (children born between 6/1/09 and 3/1/10): Wednesday \_\_\_\_\_  
(Depending on availability, an older child may be admitted at discretion of the Director.)

OLDER CLASS (Children born between 8/1/08 and 9/1/09)  
(Depending on availability, a younger child may be admitted at discretion of the Director.)

One day a week: Tuesday \_\_\_\_\_ or Thursday \_\_\_\_\_

Two days a week: Tuesday and Thursday \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone(s) \_\_\_\_\_ E-mail address \_\_\_\_\_

Tuition is \$16.00 per day (\$14.00 church member/sibling) payable 1<sup>st</sup> class day of month.

\_\_\_\_\_ \$30.00 registration fee enclosed (non-refundable)

**Medical Information**

Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Other Information \_\_\_\_\_

\_\_\_\_\_ I have attached a copy of my child's immunization record.

Please list any information that would be helpful to the staff dealing with your child on the back of this form (i.e. habits, comfort item, fears, eating issues, etc.) Thank you.