

Date Received: \_\_\_\_\_  
Registration Paid: \_\_\_\_\_  
Enrollment Packet: \_\_\_\_\_  
Realm: \_\_\_\_\_  
QB: \_\_\_\_\_

**Note: Please use this form for enrolling a student in Parents' Day Out. Each student needs a separate form. All portions of this form must be completed. Shot records will need to be submitted with completed forms (unless already on file). Your enrollment fee (new students) and/or supply fee will be due when the child is accepted into the program.**

**Name:** \_\_\_\_\_ / \_\_\_\_\_

First	Middle	Last	Called
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**Address:** \_\_\_\_\_  
                    **Street**                    **City**                    **State**                    **Zip**

**Home Phone:** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Enrolling for:** \_\_\_\_\_ **Class** \_\_\_\_\_ **Year** \_\_\_\_\_

**E-mail Address:**\_\_\_\_\_

**Does your child have any known allergies?**\_\_\_\_\_

**Preferred way to receive school information: Text\_\_\_\_\_ E-mail\_\_\_\_\_**

**Parent's or Guardian's Name:**

Mr.	First	Middle	Last	Relationship to Child

**Father's/Guardian's Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Mrs.** \_\_\_\_\_

First	Middle	Last	Relationship to Child

**Mother's/Guardian's Occupation:**\_\_\_\_\_ **Employer:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Helpful Information:****Reason for Selecting PDO:** \_\_\_\_\_**PDO Recommended By:** \_\_\_\_\_**If parents are separated or divorced, with whom does the child reside?**\_\_\_\_\_  
**Name**\_\_\_\_\_  
**Relationship****Parent's Address (if Different from Child's Address):**

\_\_\_\_\_

\_\_\_\_\_

**Home/Cell Phone:** \_\_\_\_\_**Release of Child****Names of people to whom the child may be released:**  
(In addition to those already listed on page 1 of the enrollment form)**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_**Home Phone:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_**Home Phone:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_**Home Phone:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_**Parents' Denominational Preference:** \_\_\_\_\_**Location of Membership:** \_\_\_\_\_**Active Member:** Yes \_\_\_\_\_ Somewhat \_\_\_\_\_ No \_\_\_\_\_**Does your child have any disabilities or restrictions that would require special services or restrict him/her from any physical activities? If so, please relate details.**

\_\_\_\_\_

\_\_\_\_\_