

PARENTS DAY OUT
Kingswood United Methodist Church
401 W. Dundee Rd.
Buffalo Grove, IL 60089
REGISTRATION FORM (2022 - 2023)

Please use one form per child!

Date registering _____

Participant's Name _____ Nickname: _____
Last First

Participant's Address: _____
Street City/State/Zip Code

Boy _____ Girl _____

Date of Birth: _____ Child's age as of 9/1/22 _____
Month/Day/Year (Years and Months)

One day preference: _____ Monday _____ Tuesday _____ Wed. _____ Thursday. _____ Friday
Two day preference: _____ Monday _____ Tuesday _____ Wed. _____ Thursday. _____ Friday
Three day preference: _____ Monday _____ Tuesday _____ Wed. _____ Thursday. _____ Friday
Four day preference: _____ Monday _____ Tuesday _____ Wed. _____ Thursday. _____ Friday
Five day preference: _____ Monday through Friday

If possible, please place in the same session as _____

Parents Name: _____ Phone: (____) _____
Home

Address: _____ Phone: (____) _____
(If different) Work (mother)

Phone: (____) _____
Work (father)

E-Mail: _____ (Required for PDO notifications. We do not share information)

Mother's Pager/cell Phone (____) _____ Father's Pager/cell Phone(____) _____

Number of children enrolling for 2022 - 2023 _____

I/We are presently members of _____ Church/Synagogue

Dr.'s Name & Phone: _____ (____) _____

In case of an emergency, who should we contact:

Name	Address	Phone	Relationship
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Besides parents, who can pick up your child:

Name	Address	Phone	Relationship
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Name	Address	Phone	Relationship
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Over

Potty training status (2-3 years old):

____ Completely potty trained ____ Potty training ____ In diapers

If currently in diapers, please indicate if you are planning to complete potty training by 9/1/22.

Yes ____ No ____

Has your child ever been left in the care of a non-family member? _____

(If your child HAS NOT yet been left in the care of a non-family member, please try to provide many opportunities for him/her to experience life away from Mom and Dad between now and September 2022. This will greatly increase the chances that your child will be successful at PDO).

Please indicate allergies/special concerns of which the teachers should be aware:

Additional information/concerns or other information that would allow us to make the most appropriate placement for your child _____

If a parent or other adult listed cannot be reached, I give permission for my child to have emergency medical treatment.

Parent or Guardian Signature: _____ **Date:** _____

I, _____ give permission for my child's picture to be taken while attending PDO and for those photos to be used on bulletin boards within the church, on the church's web site and to help promote PDO at local library preschool information nights.

Signature of Parent

Date

I have read and agreed to adhere to the policies of the Parents Day Out program at Kingswood United Methodist Church.

Signature of Parent

Date

KUMC will attempt to provide PDO opportunities for participants faced with financial hardships. Would you like to receive further information regarding these opportunities? Yes ____ No ____.

How did you hear about the Kingswood Parents Day Out Program?

____ Friend ____ Newspaper ____ Sign ____ Website ____ Preschool Fair ____ Other

Please note: PDO Classes are subject to change and will run in accordance with the directive of our Bishop and the Governor.