



Dear Parents,

Thank you for enrolling your child in our Parent's Day Out Program. To complete your registration, you will submit a registration packet for EACH child to the PDO Director or to the First Baptist Wylie office located at 200 North Ballard in the FBW Event Center. Please note, office hours are 8:00am - 5:00pm Monday-Thursday and closed for lunch from 12:00-1:00pm.

All Forms are Included in this Packet:

- Registration Information Page
- Child Information Page
- Physicians Health Statement—Current Shot Records Required
- Emergency Release Form
- Tuition Agreement
- Completed and Signed PDO Agreement of Policies

It is our goal to provide a learning environment which will help your child grow in their understanding that God loves them, God made them, and Jesus wants to be their friend forever!

Sincerely,
Tara Lopez
FBW Parents Day Out Director



First Baptist Church Wylie

Parents' Day Out

Enrollment

Please fill out a separate form for each child.

Name (full): _____ Age September 1, 2019: _____ Gender: Male Female

Birth Date: _____

Cell Numbers: _____ Mom _____ Dad

Address _____

Mom Email: _____

Dad Email: _____

Current Church Affiliation: _____

Would you like to receive more information about FBC Wylie and our opportunities? Yes No

Parents Are Currently: Married Separated Divorced Widowed

Parents & Guardians: Please provide the following information for anyone we would contact in an emergency or who would be able to pick up your child.

Name	Address	Phone	Relationship

I hereby authorize the PDO staff to allow my child to leave PDO with the people listed above:

 Parent Signature Date

My child will normally be picked up by whom: Mom Dad Other _____





All About Me



We would like to have any additional information that would make your child's time with us more enjoyable. We want this to be a great experience for you and your child!

Child's Name: _____

Tell us about your child. _____

Does your child have any allergies? (foods, seasonal, etc.)

Describe his/her play habits?

Describe his/her eating behavior (tips for lunch)?

Describe his/her nap time behavior (tips for sleep)?

Does he/she have any special words or signs?

Does he/she have any fears or special ways to comfort?

What does your child enjoy doing? Favorite things?

Siblings:

Name: _____
1. _____
2. _____

Birthdate: _____

Parents' Day Out

Physician's Health Statement

Admission Requirement for Parent's Day Out

We require a current copy of shot records along with this form.

Child's Name _____ Birth Date ____/____/____

Physician Name _____

Physician Office Address _____

Office Phone Number _____

Physician's Statement

I have examined the above named child within the past year and find that he/she is physically able to take part in Parent's Day Out.

Physician's Signature _____ Date _____



First Baptist Church Wylie
100 North 1st Street • Wylie, Texas • 75098

RELEASE OF CLAIMS FOR FUTURE ACCIDENTS FOR A MINOR

I, _____ of the city of _____, State of Texas,
(Name of Parent or Guardian, Please Print)
hereby affirm that my child, _____
(Child's Name, Please Print)

will be participating August 1, 2019 through August 1, 2020 in the First Baptist Church Student, Children and/or Preschool Ministries, hereinafter referred to as "The Activity".

I certify that I am cognizant of the inherent dangers associated with participating in The Activity and with the fact that participating in the Activity may take place outside of, or off, Church premises.

I understand and agree that neither the First Baptist Church of Wylie, Texas, nor its officers, trustees, representatives, instructors agents or the owners of the property located at 200 N. Ballard in Wylie, Texas may be held liable in any way for any occurrence in connection with my child's participating in The Activity which may result in injury, harm or other damages to me or my family AND RELEASE ALL STATED PARTIES FROM ANY & ALL CLAIMS PRESENT OR FUTURE.

As a part of the consideration for being allowed to enroll and participate in The Activity, I hereby personally assume all risks in connection with my child's participation in The Activity. I further release the First Baptist Church of Wylie, Texas, its officers, trustees, representatives, instructors, agents and the owners of the property located at 200 N. Ballard in Wylie, Texas for any injury or damage which may befall my child while my child is enrolled in or participating in The Activity. I further agree to save and hold harmless the First Baptist Church of Wylie, Texas, its officers, trustees, representatives, instructors, agents and the owners of the property located at 200 N. Ballard in Wylie, Texas from any claim by me, or my family, estate, heirs or assigns arising out of my child's enrollment and participation in The Activity.

I further state that I am of lawful age and legally competent to sign this affirmation and release: that I understand the terms herein are contractual and not a mere recital: and that I have signed this document of my own free act and coalition. I further state and acknowledge that I have fully informed myself of the contents of this affirmation and release by reading it before I have signed it.

SIGNATURE: _____
(Parent or Guardian)

DATE: _____

Photo Release: In signing this form, I acknowledge that First Baptist Wylie is allowed to use any photos taken of my child, in so much that they are related to ministry.

ALL ITEMS MUST BE COMPLETED

IN CASE OF EMERGENCY WHEN PARENT/GUARDIAN CANNOT BE REACHED PLEASE NOTIFY:

1. NAME: _____ (#) _____

2. NAME: _____ (#) _____

NEAREST RELATIVE/GUARDIAN (NOT LIVING WITH YOU):

Name: _____ Cell _____

Address: _____ Work _____

ALL ITEMS MUST BE COMPLETED

CHILD'S NAME: _____

ADDRESS: _____

Apt. #

City

State

Zip

BIRTHDAY: _____
(Month) (Date) (Year)

FATHER: _____

Cell # _____

Work # _____

FATHER'S HOME ADDRESS (if different from above): _____

FATHER'S E-MAIL: _____

MOTHER: (Name): _____

Cell # _____

Work # _____

MOTHER'S HOME ADDRESS (if different from above): _____

MOTHER'S E-MAIL: _____

MEDICAL INFORMATION

NAME OF YOUR PHYSICIAN: _____

PHYSICIAN'S PHONE NUMBER: _____

NAME OF INSURANCE COMPANY: _____

POLICY NUMBER: _____

DATE OF LAST TETANUS SHOT: _____

LIST ANY ALLERGIES and/or MEDICATIONS (AND DOSAGE) YOUR CHILD IS TAKING OR ANY OTHER MEDICAL INFORMATION THAT THE DOCTOR SHOULD BE AWARE OF: _____



Tuition Options

Tuition will be due the first Tuesday/Thursday of the month. We have two options for your payment.

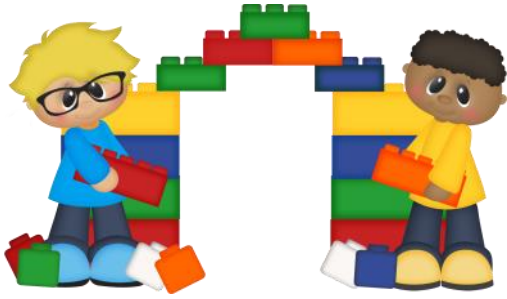
Please check the option you prefer:

_____ Pay in full for the year. The total for the year will be \$810 (1 day) or \$1620 (2 day) per child plus the \$75 family registration fee. If you choose this option, your payment must be received by September 1st. Your registration fee and first tuition payment is due at the time of enrollment.

_____ 9 payments of \$90 (1 day) or \$180 (2 day) per child. These payments will be due on the first Tuesday/Thursday of each month. Your registration fee and first tuition payment is due at the time of enrollment.

Child's Name: _____

Parent's Signature: _____ Date: _____



Parent's Day Out

Agreement of Policies

Parent's Day Out is a ministry of FBW. It is primarily self-funded. All monies and fees are used for supplies, expenses and salaries. We depend on your attendance and prompt payment for continued ministry and operation.

Please read and review the detailed explanation of these topics in your **Parent Handbook** before signing.

- Registration
- Tuition
- Withdrawal
- Inclement Weather
- Late Fees
- Penalty
- Supplies
- Peanut/Tree Nut Allergies
- Birthday Celebrations
- Drop Off
- Illness
- Flexible Classes
- Emergencies

Agreement: I have read and agree to abide by the above fee schedule, financial procedure, fee payment plan and daily operations.

Parent/Guardian Signature

Date

The Parent Handbook with these policies are also posted on our PDO website. If you need a copy emailed to you, please send a note to parentsdayout@fbw.church

