

Director Use Only

Date Turned In: _____

Enrollment Fee Info: _____



2018-2019

ENROLLMENT APPLICATION

An application/supply fee of \$40 for first child, \$20 for second, and \$10 for each additional child must accompany this form in order to hold the child's place. The deposit will be refunded if classes close prior to receipt.

Child's Name _____ Gender _____

Birthdate _____ Exact Age as of Sept 1 _____ Potty Trained? (YES or NO) _____

***Medical Information** (medical conditions, food allergies, social issues): _____

Parent/Guardian's Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Address _____
Street or PO Box City State Zip

Email _____

Emergency Contact (in case either parent cannot be reached):

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Who will be picking up your child from PDO?

Your child will NOT be released to anyone who is not listed.

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

*Please circle ALL days you are enrolling your child: **MONDAY** **TUESDAY** **THURSDAY**

Raintree Parent's Day Out, Responsibility form

PLEASE READ, SIGN AND RETURN

Child's Name: _____

I understand as the parent/guardian of a student in the PDO program that I will follow all rules as listed in the handbook.

I understand that my child MAY NOT be dropped off before 9: 10 am and will be picked up NO LATER than 1:25 pm. If I am going to be late I will contact the church at 537-8111 or Robin Erisman at 935-9961 ASAP to let them know of the change. If someone not listed on the form comes to pick up my child without the director being informed of the change the child will not be allowed to leave with that person until a parent is contacted and will be billed the late fee after 1:25 pm.

I understand I am to check my child in at the table EVERY time I take them to PDO. I understand I am to supply my child with a sack lunch and drink each day. If I forget my child's lunch the program will contact me to bring a lunch to school. If the program cannot contact me they will provide a lunch for my child and my account will be charged \$2.00. I also understand that I MAY NOT SEND ANY TYPE OF NUTS OR PEANUT BUTTER items in the lunch due to allergies.

I understand that my account balance is due by the 1st of each month and I will be charged a late fee of \$5.00 per day after the 7th. I understand that the PDO program starts Tuesday, September 4th and runs all days except Labor Day, Thanksgiving, Christmas break, and Spring break, until the last day of school, Thursday, May 16th, 2019. The PDO program will be closed when Lee's Summit R-7 is closed for snow days and a credit will be subtracted from the next month's bill. However, if my child does not attend a day the program is open and they are scheduled to be there I AM responsible for payment.

If I decide not to continue with the PDO program then I will give the director TWO WEEKS notice. If I leave before that time I will be responsible to pay for any days not met for those two weeks.

I also agree that if my child gets injured during the PDO program I will not hold the teachers, director, or Raintree Community Church responsible for the injury or medical bills. If my child needs medical attention due to an accident during the program 911 will be called and I will be notified immediately.

I have read the health policy and will follow it. If my child's teacher and the director feel my child needs to go home due to sickness I am responsible to pick up my child as soon as the director calls me.

I _____ have read the above, understand it and will follow it along with all other information provided in the handbook.

Parent Signature _____

Date signed _____