

## ST. LUKE'S PARENT'S DAY OUT - CHILD REGISTRATION FORM

Date:

Child's Last Name		Child's First Name (known by)		Date of Birth	
Child's Address			City	State	Zip
Email		Best Phone Number:		Age	<input type="checkbox"/> Boy <input type="checkbox"/> Girl
Child Lives With:		<input type="checkbox"/> Both Parents		<input type="checkbox"/> Mother Only	
		<input type="checkbox"/> Father Only		Other:	
Siblings and Their Ages:					
List any special problems or needs your child may have, including <u>allergies</u> , existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, medication prescribed for long-term continuous use, childhood fears, or any other information of which caregivers should be aware. If none, please check. <p style="text-align: center;"><input type="checkbox"/> NONE</p>					
<b>ENROLLMENT</b>					
<b>All Day:</b>		<input type="checkbox"/> Wednesday		<input type="checkbox"/> Friday	
		<input type="checkbox"/> Wednesday & Friday		<input type="checkbox"/> Wednesday & Friday	
<b>1/2 Day Morning:</b>		<input type="checkbox"/> Wednesday & Friday			
<b>After Preschool:</b>		<input type="checkbox"/> Wednesday		<input type="checkbox"/> Friday	
		<input type="checkbox"/> Wednesday & Friday			
<b>Southwest Campus:</b>		<input type="checkbox"/> Tuesday & Thursday			
<b>Summer:</b>		<input type="checkbox"/> Monday & Wednesday			

<b>I give my permission for the teacher to administer the following if necessary:</b>	
Vaseline on my child's face, arms, legs if they are chapped.	<input type="checkbox"/> Yes <input type="checkbox"/> No
(If my child wears a diaper) to use oinment for a diaper rash.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sunscreen if we are going to be outside for an extended amount of time.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I grant permission for my child to participate in field trips during the summer.	
<b>(4 year olds - 4th grade)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
I grant permission for my child to be transported by the St. Luke's staff for emergency care.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I grant permission for my child to be included in photos and/or videos connected with PDO, PDO Facebook or church website.(No child will be identified by name.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand and will comply with the financial policies of St. Luke's PDO (see attachment).	<input type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_\_

Signature - Parent or Legal Guardian

\_\_\_\_\_

Date

## ST. LUKE'S PARENT'S DAY OUT - FAMILY REGISTRATION FORM

<b>Mother or Guardian</b>			
Last Name		First Name	
Address		City	State      Zip
Employed By	Work Address	Work Phone	Cell Phone
<b>Father or Guardian</b>			
Last Name		First Name	
Address		City	State      Zip
Employed By	Work Address	Work Phone	Cell Phone
Family E-mail Address			
Member of St. Luke's UMC <input type="checkbox"/> Yes <input type="checkbox"/> No    If so, which campus? <input type="checkbox"/> Central <input type="checkbox"/> Southwest			
Family church, if any (other than St. Luke's UMC)			
<b>AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:</b>			
In the event I cannot be reached to make arrangements for emergency medical care, and emergency treatment is deemed necessary by the St. Luke's staff, I authorize the St. Luke's staff to take my child to:			
Name of Physician		Address	Phone
Name of Emergency Medical Care Facility		Address	Phone
I give consent for the facility to secure any and all necessary emergency medical care for my child.			
_____ Signature - Parent or Legal Guardian			
<b>IN CASE OF AN EMERGENCY IN WHICH THE PARENTS CANNOT BE REACHED, CALL (local person)</b>			
Name	Relationship to Child	Address	Phone
Name	Relationship to Child	Address	Phone
<b>PERSONS (other than parents) AUTHORIZED TO PICK UP CHILD:</b>			
Name	Relationship	Phone	
Name	Relationship	Phone	
Name	Relationship	Phone	
Name	Relationship	Phone	