

ENCLOSURE 1

**PARENT ACKNOWLEDGEMENT OF POLICIES, PROCEDURES, AND EMERGENCY INFORMATION  
PARENT'S DAY OUT AT FELLOWSHIP UNITED METHODIST CHURCH**

By signing below I am stating that I have read and agree to abide by the policies and procedures mentioned in the Parent's Day Out Handbook. I understand that failure to abide by these regulations can result in immediate withdrawal of my child(ren) from the PDO program:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMERGENCY INFORMATION**

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

WORK PLACE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

WORK PLACE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

DOCTOR'S NAME AND PHONE NUMBER: \_\_\_\_\_

**EMERGENCY CONTACTS THAT HAVE PERMISSION TO PICK UP YOUR CHILD:**

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

ENCLOSURE 2

**PDO SCHOOL FINANCIAL CONTRACT WITH PARENTS  
PARENT'S DAY OUT AT FELLOWSHIP UNITED METHODIST CHURCH**

CHILD'S NAME: \_\_\_\_\_

Please initial below to show your agreement to each statement:

\_\_\_\_\_ I have enrolled my child in PDO. I understand that I am responsible for paying a non-refundable registration fee of \$60.00 in addition to monthly tuition cost outlined below. (Registration for the 4's classroom is and extra \$15.00 for books).

\_\_\_\_\_ Monthly tuition of \$110.00 is due the first school day of each month (or you may pay quarterly or annually). Subsequent child(ren) will receive a \$10 discount per month to tuition.

\_\_\_\_\_ I understand that there are no partial month payments. If my child attends PDO at anytime during the month, full tuition is due for that month.

\_\_\_\_\_ I understand that if my tuition fee are not received by the first school day of each month, I will be responsible for paying a \$15.00 (per child) late fee. After the fourth school day, I will be assessed a \$25.00 (per child) late fee.

\_\_\_\_\_ I understand that PDO operates from 9:00am to 2:15pm and that I will pick-up my child no later than 2:15pm. I will be charged a \$10.00 fee for the first 15 minutes and \$1.00 per minute fee after 2:30pm if my child is not picked up.

\_\_\_\_\_ I understand that no credit will be given for absences due to vacations, illness, and holidays. I will also give a 30-day written notice if I plan to withdraw my child from the program to avoid an early termination fee.

\_\_\_\_\_ I understand that if my check is returned from the bank, I need to pay \$30.00 for returned fees, plus any applicable late fees listed above.

\_\_\_\_\_ I understand that during the months of December and May, I will pay my tuition in cash, certified check, or money order. No personal checks will be accepted during these two months.

\_\_\_\_\_ I realize the PDO program reserves the right to adjust the PDO schedule as needed.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PDO Director's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

ENCLOSURE 3

**REGISTRATION FORM  
PARENT'S DAY OUT AT FELLOWSHIP UNITED METHODIST CHURCH**

Our program is open Monday through Thursday with classes either Monday & Wednesday OR Tuesday & Thursday, from 9am-2:15pm. We have 4 classes: 1-year olds, 2-year olds, 3-year olds, and 4-year olds. We follow the Clarksville Montgomery County school system's (CMCSS) age cutoff and no-school calendar. **Children must be 1,2,3 or 4 on or before August 15th to be enrolled in their perspective class. NO EXCEPTIONS.**

The registration fee is \$60.00 (non-refundable) for all 4 classes. If you are registering your child for the 4's class, there is an extra \$15 workbook fee for a set of Handwriting Without Tears workbook and number books. Children in the 1's class need to be able to walk and children in the 3's class must be potty trained.

Immunization records and proof of physical examination will need to be submitted on the Tennessee State CERTIFICATE OF IMMUNIZATION, no later than 30 days after the first day of school.

Monthly tuition is \$110 per month. Annual tuition fee is \$1,100.00 for the 2019-20 school year. Subsequent children are discounted at a savings of \$100 per year.

Please fill out the form below and bring it with the registration fee(s) in the form of cash or check. No debit/credit cards can be accepted. No forms will be accepted without the registration fee. If you have any questions regarding registration, please call 931-920-0127.

School Year: \_\_\_\_\_

\_\_\_1 \_\_\_2 \_\_\_3 \_\_\_4 (please circle one) Mon/Wed Tues/Thurs

Child's full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Parent/Guardian name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Registration fee: \$ \_\_\_\_\_ Paid via: Cash Check Money Order

ENCLOSURE 4

**DISCLOSURE OF MEDICAL CONDITIONS  
PARENT'S DAY OUT AT FELLOWSHIP UNITED METHODIST CHURCH**

It is imperative that we be informed of any medical conditions or special needs in order to safely and properly care for your child. Failure to report information that is vital to the care of your child could result in the loss of your child's slot in the PDO program. This information will be kept confidential and will only be shared with staff that is directly responsible for your child. In the event of a medical emergency, we reserve the right to share this information with emergency medical personnel. Please note that PDO cannot distribute medication and in some cases PDO may be unable to care of children with special medical needs.

**CHILD'S NAME:** \_\_\_\_\_

**Does your child have any allergies to FOOD, MEDICINE, INSECT BITES, etc?**      YES      NO

If YES, please list below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does your child have any ongoing medical conditions such as ASTHMA, SEIZURES, SKIN CONDITIONS, DIABETES, etc?**

YES      NO

If YES, please list below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only: I have shared the above medical information to this child's teacher and aide:	
PDO Director's Signature: _____	Date: _____
Teacher's Signature: _____	Date: _____
Aide Signature: _____	Date: _____

ENCLOSURE 5

**PHOTOGRAPH RELEASE FORM  
PARENT'S DAY OUT AT FELLOWSHIP UNITED METHODIST CHURCH**



**(PLEASE INITIAL)** \_\_\_\_\_ I **DO** grant permission to Fellowship United Methodist Church, Parent's Day Out program to use my child's photograph for the purpose of promoting and sharing the activities and daily routines of The PDO program on our church/PDO website and facebook page at: [www.fellowshipumc.com](http://www.fellowshipumc.com) and [www.facebook.com/FellowshipPDO](http://www.facebook.com/FellowshipPDO)

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Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_