

Registration Form for 2021-2022 School Year
Trinity Lutheran Church Parents Day Out Program

Child Information

Name: _____ Birth Date: _____

Home/Mailing Address

Address line 1: _____

Address line 2 (optional): _____

City: _____ State: _____ Zip Code: _____

Parents Information

Father Primary Contact Mother Primary Contact

Name: _____ Name: _____

Cell Ph: _____ Cell Ph: _____

Church affiliation: _____ Church affiliation: _____

Married Divorced Single

Emergency Contacts (please list two)

Name: _____ Name: _____

Phone: _____ Phone: _____

Anticipated Weekly Schedule (Check all that apply)

	Mon	Tues	Wed	Thurs	Fri
Days Attending					

Emergency Arrangements and Agreement

I understand that in an emergency that I will be contacted immediately. I will take appropriate action for my child. I will accept financial responsibility for the costs associated with this action. If I cannot be reached to make necessary arrangements or in a critical emergency requiring immediate care, I authorize Trinity Lutheran Church PDO Staff to call 911 and administer First Aid. I hereby authorize the Trinity Lutheran Church PDO staff to contact the doctor/hospital listed below:

Doctor: _____ Phone: _____

Hospital: _____ Phone: _____

Parent Signature / Date

Print: _____ Sign: _____ Date: _____

PDO Acceptance

Signature: _____ Date: _____

There is a \$65 registration fee per child. Please make checks payable to 'Trinity Lutheran PDO'.