

| KID'S DAY OUT

2018–2019 Fall Enrollment Form

A Ministry of Eastminster Presbyterian Church

Non-Refundable Enrollment Fee is \$50 | Please Print

Child's Name _____ BOY / GIRL Birthdate ____/____/____

Address _____ Home Phone # _____

City _____ State _____ Zipcode _____

Email _____

Mom's Name _____ Cell Phone _____

Place of Work _____ Work Phone _____

Dad's Name _____ Cell Phone _____

Place of Work _____ Work Phone _____

Names & ages of siblings _____

The following people are authorized to pick up my child from Kid's Day Out: _____

In case of an EMERGENCY and a parent cannot be reached, please call:

1. _____ Phone _____ Relationship _____

2. _____ Phone _____ Relationship _____

Church Affiliation _____

How did you hear about our program? _____

KDO begins September 11/12 and ends May 14/15

KDO hours are 9:15 a.m. - 1:15 p.m.

Tuesday Sessions for children Three months to Four years old

I wish to enroll my child in _____ Tuesdays

Wednesday Sessions for children Three months to Four years old

I wish to enroll my child in _____ Wednesdays

Class placement will be determined by BIRTHDATE: Birthdate ____/____/____

Age as of September 1, 2018 ____ years ____ months

Please turn over and complete the back side of the enrollment form.



MEDICAL RELEASE AND EMERGENCY INFORMATION

Child's Physician _____ Phone _____ Hospital Preference _____

Do you have health insurance? YES / NO Policy name & # _____

Do you receive medical assistance? YES / NO Program & # _____

Is child eligible for military medical care? YES / NO I.D. # _____

Drug Allergies: _____ Food Allergies _____

Are shots up to date? YES / NO

I give my permission for my child's picture to appear in EPC publications and/or website, with the understanding that their name and personal information will remain confidential. In order to meet all legal requirements, I hereby authorize the staff of Eastminster Kid's Day Out Program who are representatives of Eastminster Presbyterian Church to give consent for any and all necessary emergency medical care for my child _____ while said child is in said care between the dates of September 1, 2018 and May 31, 2019.

I agree to pay the full tuition for my child. If I must withdraw my child before the end of the session, I will notify the director in writing and make payment arrangements with her.

Signature of Parent or Guardian _____ Date ____/____/____

2018-2019 Session costs:
Non-refundable enrollment fee—\$50 per child

Tuition:
One child—\$65 per month
Two children—\$120 per month
Three children—\$175 per month

Payment is due by the 15th of each month



1958 N. Webb Road • Wichita, Kansas 67206-3404

Pam Van Bebber, Kid's Day Out Coordinator 316-221-7877 pvanbebber@eastminster.org

Non-Refundable Enrollment Fee of \$50.00 must accompany this Enrollment Application

FOR OFFICE USE ONLY

Date Received: ____/____/____ Deposit: Check# or Cash _____ \$ _____ Confirmation Sent: ____/____/____