



PARENTS' DAY OUT

PDO DROP OFF

I praise you because you made me in such a wonderful way. I know how amazing that was!

CHILD'S INFORMATION

Child's Name: (First) _____ (Middle) _____ (Last) _____

Date of Birth: _____ Age in Years: _____ Please Circle: Male or Female

Child's Home Address: _____ City & State _____ Zip: _____

Child Lives With: Both Parents Mom Dad Legal Guardian

PARENT / LEGAL GUARDIAN INFORMATION

Dad's Full Name: _____ Place of Employment _____

Mom's Full Name: _____ Place of Employment _____

Dad's Cell # _____ Mom's Cell # _____

Dad's Email Address: _____

Mom's Email Address: _____

Person(s) other than parents to contact in case of an emergency, accident, or illness:

Name: _____ Relationship _____ Phone # _____

Name: _____ Relationship _____ Phone# _____

PICK UP

Please list person other than yourself authorized to pick up your child:

Name: (First) _____ (Last) _____ Relationship to child _____ Phone# _____

HEALTH, BEHAVIOR, SOCIAL SKILL INFORMATION

Existing illnesses or injuries: YES NO (If yes, please explain) _____

Known food allergies: YES NO (If yes, please explain & include a signed Dr.'s note indicating allergy and plan of action to be taken) _____

Is child fully potty trained? _____

SPECIAL NEEDS

Please list any special needs (physical, emotional, delayed development, or behavioral), or additional information you would like to share about your child, including any other known allergies or health restrictions, and actions to be taken. If applicable please attach a physician's note explaining any restrictions or action plans: _____