



PARENTS' DAY OUT

PDO Application

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

Psalm 139:14

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

Marital Status of Parent With Whom the Child Primarily Lives: Married Separated

Divorced Single

Custody Visiting Information: _____

(Documentation from court orders outlining custody arrangements must be kept on file)

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: _____

Stepdad: YES NO (If yes, Full Name): _____

Stepmom: YES NO (If yes, Full Name): _____

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 all persons authorized to pick up your child:

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

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

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

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) _____

Past hospitalizations, injuries, or serious illnesses: YES NO (If yes, please explain) _____

Current medications: _____

Fully Potty Trained: YES NO

Continued on back

Does your child have any current or past breathing problems? ___YES ___NO (If yes, please explain) _____

How does your child communicate his/her needs to you? _____

How well does your child respond to authority? _____

Has your child ever had the opportunity to interact with other children in a group setting outside of his/her home? _____ (please explain) _____

When your child is upset, what do you do to assist him/her in calming down? _____

Does your child have any specific fears or things that frighten him/her easily? _____

Please explain your child's napping routine: _____

What are some of your child's favorite activities, toys, games? Please help us get to know your child. _____

Does your child easily and readily share items with other children? _____ (please explain) _____

Does your child primarily play: _____alone _____with older children _____with younger children
_____with adults

Is your child a natural born leader? _____ (please explain) _____

Please check all that describe your child:

- | | | | | | | |
|--------------------------------------------------|------------------------------------|------------------------------------|------------------------------------------|------------------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Adaptable | <input type="checkbox"/> Compliant | <input type="checkbox"/> Happy | <input type="checkbox"/> Fearful | <input type="checkbox"/> Anxious | <input type="checkbox"/> Friendly |
| <input type="checkbox"/> Regular Temper Outburst | <input type="checkbox"/> Angry | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Good Self Image | <input type="checkbox"/> Poor Self Image | | |
| <input type="checkbox"/> Quiet | <input type="checkbox"/> Shy | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Stubborn | <input type="checkbox"/> Explosive | <input type="checkbox"/> Active | <input type="checkbox"/> Cautious |
| <input type="checkbox"/> Considerate | <input type="checkbox"/> Bossy | | | | | |

Explanations you would like to share: _____

Does your child show any signs of delayed development that we should be made aware of? _____

(If yes, please explain) _____

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: _____

CHURCH ATTENDANCE

Does child attend church anywhere? _____ If yes, where? _____



PARENTS' DAY OUT

PDO Registration

**Please note that Registration cannot be complete until application has been accepted. \$150 Yearly Registration Fee is due back with this form.*

CHILD'S INFORMATION

Child's Name: (First) _____ (Middle) _____ (Last) _____
 Date of Birth: _____ Age in years: _____ Please Circle: Male or Female
 Registering Parent or Legal Guardian Name: (First) _____ (Last) _____
 Registering Parent's Phone Number: _____

SEMESTER SESSIONS

(Please Check each semester you desire to hold a place for your child and commit to pay for monthly)

_____ **Fall 2022** (approx. 36 sessions) August, September, October, November, & December (\$175/mo. or \$155/mo.)
 _____ **Spring 2023** (approx. 38 sessions) January, February, March, April, & May (\$175/mo. or \$155/mo.)
 _____ **Summer Fun Days 2023** (approx. 15 sessions) June & July (\$175/mo. or \$155/mo.)

PARENTAL CONTRACT & CONSENTS

(Please Initial beside each)

- _____ I acknowledge that the Yearly Registration/Supply Fee and the first months tuition is due with this form in order to Register my child.
- _____ I acknowledge that I am registering my child for the above semester sessions and understand that tuition is due each month on the 1st of the month regardless of how many sessions are in the month or my child's attendance per month.
- _____ I acknowledge that a minimum of **3 weeks notice** is required to disenroll my child **before the semester begins** if I do not wish to be held liable for the full tuition which is due monthly for the entire semester.
- _____ I understand that once my child is enrolled for a semester of sessions, and the sessions have begun, it is my responsibility to continue to pay the monthly tuition for the remainder of the semester, regardless of whether or not my child is disenrolled.
- _____ I understand that all fees and tuitions are nonrefundable and not prorated for any reason.
- _____ I have been given and have read the PDO Parent Handbook and understand all the information and policies provided within it and agree to adhere to the policies.
- _____ I will review the discipline procedures with my child and take his or her behavior seriously.
- _____ I give consent to the use of my child's image for PDO's advertising and promoting on social media and as a way to keep up with what my child is doing at PDO.

Parent's Signature _____ Date _____
 Print Name _____

FOR OFFICE USE ONLY

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Age as of Sept. 1 this year _____ years _____ months <input type="checkbox"/> Age as of Dec. 31 this year _____ years _____ months <input type="checkbox"/> Accepted Application Form (Director's Initials ____) <input type="checkbox"/> Parent's Handbook and PDO Policies <input type="checkbox"/> Parental Consent and Release Form <input type="checkbox"/> Yearly Registration/Supply Fee ____/____/____ (Amt collected \$____) (Initials ____) Method of Payment _____ <input type="checkbox"/> 1st Months Tuition ____/____/____ (Amt collected \$____) (Initials ____) Method of Payment _____ <input type="checkbox"/> Full Year's Tuition Paid Upfront (Fall, Spring, Summer) | <input type="checkbox"/> Recurring Credit Card Payment Authorization Form <input type="checkbox"/> Class Child Is Assigned To: _____ <input type="checkbox"/> Additional Information: _____ _____ <input type="checkbox"/> Withdraw Date _____ Reason _____ _____ Eligible to Re-enroll ___ Yes ___ No Reason _____ _____ |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Parental Consent and Release for ALL PDO Activities

Child's Name: (First) _____ (Last) _____
Child's Date of Birth: ____/____/____
Guardian's Name: (First) _____ (Last) _____
Address: _____ City: _____ State: _____

I, the undersigned, am the parent or legal guardian of the child or youth ("Child") named above.

As the parent or legal guardian of the Child, I certify and affirm that I have been completely and thoroughly informed that by attending _____ (the "Church"), my child will participate in certain activities associated with Sunday School activities, children or youth programs, fellowship activities, carnivals, special holiday events, field trips (including off Church property and overnight) and other activities associated with participating in the children and youth programs of the Church ("Programs"). I understand that the Programs may be the same or similar on a week-to-week basis or they may vary depending upon the judgment of the children and youth leaders of the Church. I do not need to be informed of each and every activity or the Programs as I have a sufficient understanding of their general structure.

I desire and do consent for my child to participate in the Programs of the Church. I acknowledge and understand that this PARENTAL CONSENT AND RELEASE FOR ALL PDO ACTIVITIES has the same force and effect regardless of whether the Programs engaged in are free or if a fee is charged. I consent to allow my child to be transported to and from Programs of the Church pursuant to the travel arrangements made by the Church for the particular Programs.

Further, I personally assume, on my child's behalf, all risk in connection with said Programs for any harm, injury, or damages that may befall my child as a result of my child's participation in the Programs, whether foreseen or unforeseen, and I still wish to allow my child to proceed with the Programs.

In consideration of my child being allowed to participate in the Programs and to use the Church's equipment and facilities, on behalf of my child, and as to myself as parent and legal guardian, I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless the Church, the corporation, its, officers, directors, employees, volunteers, agents, and contractors from any and all claims, demands, or causes of action, which are in any way connected with my child's participation in the Programs or use of the Church's equipment and facilities.

In cases of emergency, I further consent to the examination or treatment of my child by a physician duly licensed to practice medicine in the State of TEXAS or ARKANSAS or any health care professional duly licensed to provide health care services in the State of TEXAS or ARKANSAS for medical care and services deemed necessary by the Church, its agents, servants, volunteers, and employees. In the event it is not possible to acquire the services of a physician or health care provider to diagnose and treat my child based upon the existing circumstances, I also consent to the employees, volunteers, and agents of the Church to use their best judgment, as "Good Samaritans,"

to provide medical assistance until a physician or health care provider can be obtained.

I give permission to the Doctor or health care professional to provide any and all medical care they deem, in their professional opinion, to be necessary.

I agree to pay for any and all medical expenses incurred as a result of the use of this consent.

I understand that it is my obligation to inform the management of the Church of any and all health considerations or medical conditions that would affect or restrict my child's participation in the Programs of the Church. I will not allow my child to participate in any specific Programs of the Church which I know or should know would jeopardize my child's health or safety based upon my child's then-existing medical or health condition or that would subject other children or youth of the Church to disease or illness.

Should the need for medical attention arise, the Church will attempt to contact you, as soon as practicable under the circumstances.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my child's participation in these activities, I may be found by a court of law to have waived my right to maintain a lawsuit against the Church on the basis of any claim from which I have released them herein.

I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

I have fully informed myself of the contents of this PARENTAL CONSENT AND RELEASE FOR ALL PDO ACTIVITIES by reading it before I signed it. I warrant that I possess all the rights, powers, and privileges of a parent or legal guardian necessary to execute this document with binding legal effect.

Signature of Parent/Legal Guardian: _____

Print Name: _____ Date: _____

This authorization, consent and release is valid from ___/___/___ to ___/___/___.

Name of Insurance Company: _____ Policy Number _____

Group Number _____ Primary Insured: _____

Health Restrictions / Allergies: _____

Current Medications: _____

Emergency Phone Numbers: _____



Recurring Credit/Debit Card Payment Authorization

You authorize regularly scheduled charges to your credit/debit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your credit/debit card statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected. I understand it could take Church on the Rock up to 5 business days after the selected day of each month to process this payment.

I _____ authorize **Church on the Rock** to charge my
(Cardholder's Name)

Credit Card indicated below for \$ _____ on the _____ 1st _____ of each **month**.
(Amount \$) (day)

Billing Information

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Card Details

Visa MasterCard Discover American Express

Cardholder Name _____

Account/CC Number _____

Expiration Date ____ / ____

CVV _____

Zip Code _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **CHURCH ON THE ROCK, TEXARKANA** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I acknowledge that the origination of Credit Card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this Credit Card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

I understand that there will be a 3% fee added to the total amount charged to the cover credit card processing fee. I authorize this additional charge monthly.

SIGNATURE _____
(Cardholder's Signature)

DATE _____

Parent Checklist

- Application
- Registration Form
- \$150 Yearly Registration & Supply Fee
- \$175_(one's class)/\$155_(2yrs & up) First Month's Tuition
- Parental Release and Consent Form
- Recurring Credit Card Payment Authorization
- Parent Handbook
- Calendar



COVID Waiver

I, _____ as a parent of _____, acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I further acknowledge that Parents' Day Out, Church on the Rock, Texarkana has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19. I further acknowledge that Church on the Rock, Texarkana can not guarantee that I nor my child will not be exposed to or become infected with the Coronavirus/Covid-19 during participation in programing. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself, my child, and others, including, but not limited to, staff, and other participants and their families. I acknowledge that I have received a copy of the COTR, PDO COVID-19 policy and understand that the policy may be updated, modified, or changed to meet current CDC guidelines and to comply with local, state, or federal law, with or with or without prior notification to parents.

I voluntarily seek services provided by Church on the Rock, Texarkana in caring for my child in their Parents' Day Out Program and acknowledge that I am increasing my risk and my child's risk to exposure to the Coronavirus/COVID-19 by participation in this program. I acknowledge that I must comply with all set procedureds to reduce the spread while my child is Attending Parents' Day Out, Church on the Rock, Texarkana.

I attest that:

* I will answer honestly and attest, in each screening session, that my child is not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell, nor have they been exposed to someone with a confirmed case of the Coronvirus/COVID-19 within the last 5 days. I will keep my child home if any of the above is true.

* I will ensure that I am following all CDC recommended guidelines as much as possible and am limiting my child's exposure to the Coronavirus/COVID-19.

* I acknowledge that I have indeed received a copy of Parent's Day Out Covid Policy.

I hereby release and agree to hold Church on the Rock, Texarkana, harmless from, and waive on behalf of my child, myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to my child or myself and/or property that may be caused by any act, or failure to act of the program, or that may otherwise arise in any way in connection with any services received from Church on the Rock relating to the Coronavirus/COVID-19. I understand that this release discharges Church on the Rock from any liability or claim that I, my heirs, or any personal representatives may have against the church with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Parents' Day Out. This liability waiver and release extends to the church together with all, staff, parents, partners, and employees.

Parent's Signature _____

Printed Parent's Name _____

Printed Child's Name _____

Date _____