

## CCW Kid's Day Out 2019 - 2020 Registration Form

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Are you an active member of a local Church? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Church name \_\_\_\_\_

Guardian 1 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Business Phone \_\_\_\_\_ Email \_\_\_\_\_

Guardian 2 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Business Phone \_\_\_\_\_ Email \_\_\_\_\_

Parents Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

Person with whom child resides \_\_\_\_\_

Custody/Visiting Arrangements \_\_\_\_\_

Other Children in the Family:

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

**AUTHORIZATION FOR PICK UP** List all other adults who are authorized to pick up your child from CCW

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### EMERGENCY CONTACT/MEDICAL INFORMATION

Emergency Contact \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Cell or Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Physician Name/Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Special medical conditions or needs \_\_\_\_\_

Any dietary restriction \_\_\_\_\_

Any other pertinent medical history \_\_\_\_\_

\* Each child will need to have a current copy of their Immunization Record on file.

**EMERGENCY RELEASE** In the unlikely circumstance that my child may need medical attention or emergency medical treatment and I cannot be reached, CCW staff has my consent to seek any treatment deemed necessary by a licensed physician.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Date \_\_\_\_\_

## CCW Kid's Day Out

Kid's Day Out (KDO) runs from 10am to 12pm Tuesday and Thursdays. Start Date is September 10, 2019 (Following 2019/ 2020 school year)

Price: \$5 per child per day.

Please do not drop your child off before 9:50 AM, even if your child's teacher is present. This is time for teachers to prepare their classrooms for the day. Other than Fall Break and Winter Break, we will be closed for Fayette County Public School Holidays and snow days.

MDO Tuition Breakdown Two Days per Week (Tuesday & Thursday) \$5.00 per child per day.

Payments - All fees may be paid when you drop your child off. You may pay daily, weekly, or monthly - However, you will be charged for each day of your child's reservation regardless of attendance. - We are NOT a money making facility. Our KDO program is a ministry and we seek only to cover our payroll and supply costs. Because of this we cannot carry a balance on your account. - If you need to change your reservation or have questions about payments please contact Sadonna Carter at [CCW.children@gmail.com](mailto:CCW.children@gmail.com)

\_\_\_\_\_  
Legal Guardian / Parent Signature

\_\_\_\_\_  
Date

I \_\_\_\_\_ the parent or legal guardian  
of \_\_\_\_\_ (child) grants Christ's Church at  
Whitewater my permission to use photographs that may contain my child for  
publicity, illustration, social media, and web content.

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

