

CHILDREN'S DAY OUT REGISTRATION FORM

Name of Child _____

Home Address _____

City _____ State _____ Zip _____

Telephone Numbers:

Mom:

Home _____ Work _____ Cell _____

Dad:

Home _____ Work _____ Cell _____

Date of Birth _____ Parent's Name _____

Children brought to CDO are to be left with a staff member (children are not allowed to walk in alone) and will be released only to persons designated by parents. Please list two people who will be responsible for your child if you cannot be reached. If you need someone to pick up your child that is not on this list, you must sign a permission slip obtained from the teachers.

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

Attendance Options: Please check off the days that you wish to enroll your child. Your first month tuition rate will be based on this enrollment option. We must have 2 (two) weeks notice on any change.

_____ **TUESDAY** _____ **WEDNESDAY** _____ **THURSDAY**

TUITION IS DUE THE FIRST WEEK OF EACH MONTH. THERE ARE NO REFUNDS FOR DAYS THAT A CHILD MIGHT MISS.

THE REGISTRATION FEE MUST ACCOMPANY THIS FORM.

Religious Affiliation _____

Signature of Parent or Guardian _____