

SEYMOUR UNITED METHODIST CHURCH
Parent's Day Out Registration Form 2019-2020

Child's Name _____

First

Middle

Last

Address _____

Date of Birth _____

PARENTS/GUARDIANS

MOTHER

FATHER

Name _____

Cell Number _____

Email Address _____

EMERGENCY CONTACT

Name

Number

*****In the event a parent cannot be contacted the emergency contact will be the next number called.***

ALLERGIES

OTHER INFO

PERSONS AUTHORIZED TO PICK UP CHILD LISTED BELOW:

Name

Number

****Note: Persons picking up your child may be asked for identification prior to child being released into their care.**

PLEASE INITIAL THE FOLLOWING. BY DOING SO YOU ACKNOWLEDGE THAT YOU HAVE READ, UNDERSTAND AND AGREE.

_____ In the event of a medical emergency, I understand that every effort will be made to contact mother, father, legal guardian and all emergency contacts listed first. If necessary, emergency personnel (911) will be called immediately to care for my child. The Director of the Class/Program or his/her designee reserves the right to make this decision.

_____ Photographs of my child can be used on the Seymour United Methodist Church Parent's Day Out website, Face Book and printed materials. (Names are not used on Face Book or Website.)

_____ I have received a copy of Seymour United Methodist Church Parent's Day Out Policy Handbook Policy for the 2019-2020 school year. I have read and agree to abide by the conditions and policies stated therein

Parent's Signature

Date