

CHILDREN'S DAY OUT PRESCHOOL ENROLLMENT FORM

Child's Name

Date of Birth

Address (Street, City, State, Zip Code)

9:30 a.m. to 2:30 p.m. Two-Days _____ (designate which days below) Three Days _____
_____ Tuesdays _____ Wednesdays _____ Thursdays

A) Mother's Name

Home Phone Number

Address (Street, City, State, Zip Code)

Employed by

Hours of Employment

Address (Street, City, State, Zip Code)

Business Phone No.

B) Father's Name

Home Phone Number

Address (Street, City, State, Zip Code)

Employed by

Hours of Employment

Address (Street, City, State, Zip Code)

Business Phone No.

EMERGENCY CONTACT(S) (OTHER THAN PARENT(S) OR DOCTOR)

1. _____
Name Relationship to child

Address(Street, City, State, Zip Code)

Phone

2. _____
Name Relationship to child

Address(Street, City, State, Zip Code)

Phone

AUTHORIZED PERSONS FOR CAR POOLS:

I/We give permission for the following person(s) to provide transportation for _____ from Children's Day Out Preschool to my/our home or designated location.

1. _____
Name of person Phone

Address(Street, City, State, Zip Code)

2. _____
Name of person Phone

Address(Street, City, State, Zip Code)

3. _____
Name of person Phone

Address(Street, City, State, Zip Code)

** _____
Signature of enrolling parent Date

OTHER COMMENTS:

** _____
Signature of enrolling parent Date

RETURN THIS FORM TO:

Children's Day Out Preschool
% Lee's Summit United Methodist Church
Second & Douglas - P.O. Box 362
Lee's Summit, Mo. 64063
816-524-5110

TO BE COMPLETED BY CDOP

Admission Date _____
Discharge Date _____

(Form to be retained for one year after discharge)