

# KIDS DAY OUT REGISTRATION FORM

2310 Haymaker Road  
Monroeville, PA 15146  
412-373-1181 / 412-372-6836

<b>FOR OFFICE USE ONLY</b>	Date: _____		
Ck# _____	Cash _____	Amount Paid _____	
_____	CM _____	PRE-K family _____	KDO ONLY _____
Inoculation Form; _____ on file with Pre-K			
Security Maintenance Fee _____ PRE-K family			
_____ COVID Waiver signed			
_____ COVID policy agreement signed			

## REGISTRATION INFORMATION

**TODAY'S DATE:** \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Child's Name (First and Last)                                  Date of Birth                  Gender

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Street Address    City                                  Zip Code                  Main telephone number

Mom's Name: \_\_\_\_\_ Mom's Cell: \_\_\_\_\_ Text permitted? \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_ Text permitted? \_\_\_\_\_

**Preferred Number for Group Text Messages:** \_\_\_\_\_

**EMAIL for KDO to use:** \_\_\_\_\_

### FOR INFANTS 6 WEEKS-24 MONTHS

The infant room will be open on Monday through Friday mornings from 9 to 1, as long as there is a need. Please indicate below the days and times you would like.

\_\_\_\_\_

### FOR CHILDREN 2-5 YEARS (not in Kindergarten)

The classroom for the older children will open at 9 a.m. Monday through Friday. Closing time will vary according to need (not later than 3:00 p.m.). The children are limited to 4 hours a day and no more than 3 days a week, unless there is an emergency. Please indicate below the days and times you would like.

\_\_\_\_\_

\_\_\_\_\_

### EMERGENCY PERSON/S TO CONTACT (other than self)

#1 _____	_____	_____
Name (Relationship to the child)	Telephone Number	Cell Phone Number

#2 _____	_____	_____
Name (Relationship to the child)	Telephone Number	Cell Phone Number

**Things you would like the KDO Staff to know about your child (i.e. Potty training, siblings, interests, fears, changes in family etc)**

\_\_\_\_\_

\_\_\_\_\_

**PLEASE READ AND CHECK ANY AREAS THAT MAY APPLY**

<input type="checkbox"/> ALLERGIES	<input type="checkbox"/> COVID VACCINE RECEIVED	<input type="checkbox"/> INDIVIDUALIZED EDUCATION PLAN (IEP)
<input type="checkbox"/> ASTHMA	<input type="checkbox"/> ENGLISH AS A SECOND LANGUAGE	<input type="checkbox"/> THERAPEUTIC SUPPORT STAFF (TSS)
<input type="checkbox"/> HEARING DEVICES	<input type="checkbox"/> AUTISM SPECTRUM DISORDER	<input type="checkbox"/> RECEIVE SERVICES FROM DART OR
<input type="checkbox"/> GLASSES	<input type="checkbox"/> ATTENTION DEFICIT DISORDER	<input type="checkbox"/> SERVICES FROM ANY OTHER AGENC
<input type="checkbox"/> PHYSICAL RESTRICTIONS		
<input type="checkbox"/> DIETARY RESTRICTIONS/ALLERGIES _____		
<input type="checkbox"/> <b>NO CONCERNS AT THIS TIME</b>		

**EXPLAIN any of above** \_\_\_\_\_

*THIS INFORMATION WILL BE USED TO SUPPORT YOUR CHILD & ALLOW US TO OPTIMIZE THEIR LEARNING EXPERIENCE.*

**MEDICAL INFORMATION**

**You are required to submit a copy of your child's inoculation record.** Please do this with your registration. List **any** allergies, medical problems or food restrictions that we should be aware of as caregivers.

\_\_\_\_\_  
Doctor's Name and Phone Number \_\_\_\_\_

**PERMISSION FOR MEDICAL TREATMENT**

In the event that my child, \_\_\_\_\_, should require emergency medical treatment and **reasonable attempts to contact me or the emergency person/s listed above have not been successful**, I give my consent for the administration of emergency medical treatment deemed necessary by licensed physicians, dentists, and emergency personnel at the nearest hospital.

\_\_\_\_\_  
Signature Date

**WAIVER OF LIABILITY**

I, the parent of \_\_\_\_\_, hereby agree that for any illness or injury sustained while attending Kid's Day Out, I will use my own medical or health insurance to cover the cost of the illness or injury.

\_\_\_\_\_  
Signature Date

**PHOTO RELEASE**

From time to time during the year, we put pictures on our FaceBook and on our web site to advertise upcoming events, and to share with you. These pictures are usually taken in the classroom showing the children involved in some special school activity. If you are willing to have your child participate, if he/she is chosen, please complete the form below.

**I give permission for my child's picture to be used:**  
 yes  
 no

\_\_\_\_\_  
Signature Date

**VOLUNTEERS NEEDED**

I would like to know more about the volunteer program. I may be willing to volunteer on a regular basis (1/week or 1/month, etc.) as needed.

The day/s and time/s that would be best for me are the following:  
\_\_\_\_\_