



Director Use Only

Date Turned In: _____

Enrollment Fee Info: _____

2023-2024 ENROLLMENT APPLICATION

An application/supply fee of \$80 for every child must accompany this form in order to hold the child's place. The deposit will be refunded if classes close prior to receipt.

Child's Name _____ Gender _____

Birthdate _____ Exact Age as of Sept 1 _____ Potty Trained? (YES or NO)

***Medical Information** (medical conditions, food allergies, social issues): _____

Parent/Guardian's Name: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Address: _____

Street or PO Box

City

State Zip

Email: _____

Emergency Contact (in case either parent cannot be reached):

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Who will be picking up your child from PDO?

Your child will NOT be released to anyone who is not listed.

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Please mark program option below:

Three Day Option

___ Monday, Tuesday & Thursday

Two Day Option - Mark 1st, 2nd & 3rd choice

___ Monday/Tuesday

___ Monday/Thursday

___ Tuesday/Thursday

Raintree Parent's Day Out, Responsibility Form

PLEASE READ, SIGN AND RETURN

Child's Name: _____

(Initial please)

_____ I understand as the parent/guardian of a student in the PDO program that I will follow all rules as listed in the handbook.

_____ I understand that my child MAY NOT be dropped off before 9: 10 am and will be picked up NO LATER than 1:25 pm. If I am going to be late I will contact the church at 537-8111 or Robin Erisman at 935-9961 ASAP to let them know of the change. If someone not listed on the form comes to pick up my child without the director being informed of the change the child will not be allowed to leave with that person until a parent is contacted and will be billed the late fee after 1:25 pm.

_____ I understand I am to check my child in at the doors EVERY time I take them to PDO. I understand I am to supply my child with a sack lunch and drink each day. If I forget my child's lunch the program will contact me to bring a lunch to school. If the program cannot contact me they will provide a lunch for my child and my account will be charged \$2.00. I also understand that **I MAY NOT SEND ANY TYPE OF PEANUTS OR PEANUT BUTTER items in the lunch due to allergies.**

_____ I understand that my account balance will be due between the 1st- 7th of each month and I will be charged a late fee of \$5.00 per day after the 7th. Returned checks will be charged a bank fee that must be included when issuing another payment. I understand that the PDO program starts Tuesday, September 5th and runs all days except Labor Day, Thanksgiving, Christmas break, Martin Luther King day, President's day and Spring break, until the last day of school, Thursday, May 16th, 2024. The PDO program will be closed when Lee's Summit R-7 is closed for snow days. However, if my child does not attend a day the program is open and they are scheduled to be there I AM responsible for payment.

_____ If I decide not to continue with the PDO program I will give the director TWO WEEKS notice. If I leave before that time I will be responsible to pay for any days not met for those two weeks.

_____ I also agree that if my child gets injured during the PDO program I will not hold the teachers, director, or Raintree Community Church responsible for the injury or medical bills. If my child needs medical attention due to an accident during the program 911 will be called and I will be notified immediately.

_____ I have read the health policy and will follow it. If my child's teacher and the director feel my child needs to go home due to sickness I am responsible to pick up my child as soon as the director calls me.

I, _____, have read the above, understand it and will follow it along with all other information provided in the handbook.

Parent Signature _____

Date signed _____