

**Hernando Baptist Weekday Education Parent's Day Out
Application for Admission 2026-2027**

Child's Full Name: _____ Preferred Name: _____

Date of Birth: _____ Age: _____ Gender: M F

Home Address: _____

(City)

(State)

(Zip)

Home Phone: _____ Church Currently Attending: _____

Mother's Name: _____ Father's Name: _____

Cell Phone: _____ Cell Phone: _____

E-mail Address: _____ E-mail Address: _____

Employment: _____ Employment: _____

Work Phone: _____ Work Phone: _____

Teacher Communication Preference: (please circle one) Call Text Email

Name(s) & Age(s) of Sibling(s): _____

Child's T-shirt Size: (please circle one)

Youth X-Small Youth Small Youth Medium Youth Large Youth XL

List any special needs your child may have:

**Hernando Baptist PDO reserves the right to observe and evaluate your child to assess how we can best teach your child.

For Office Use Only:

Date of registration _____ Dep PD _____ Class _____

On File: Birth Certificate Copy _____ MS Immunization Form 121 _____

The following people are authorized to pick up my child:

1. Name: _____ Cell # _____ Relationship _____
2. Name: _____ Cell # _____ Relationship _____
3. Name: _____ Cell # _____ Relationship _____
4. Name: _____ Cell # _____ Relationship _____

Emergency Information

In case of an emergency and the PARENTS cannot be reached, contact the following:

1. Name: _____ Relationship: _____
Phone: _____ (Cell) Phone: _____ (other)
2. Name: _____ Relationship: _____
Phone: _____ (Cell) Phone: _____ (other)

How many car tags will you need for car rider line pick-up? _____
(Typically, you will need 1 for each person who regularly picks up your child, and a car tag is required to be displayed during pick-up throughout the year.)

Medical History

Mark with **X** if your child has ever had any of the following:

Chicken Pox _____ Measles _____ Meningitis _____ Whooping Cough _____ Seizures _____

Mark with **X** if there is any evidence of:

Hearing loss/difficulties _____ Vision Impairment _____
Speech disabilities _____ If yes, is he/she receiving services _____ Where? _____

Please list any or all that may apply to your child:

Hospitalizations: _____

Operations: _____

Other serious illnesses: _____

Physical Impairments/Limitations: _____

Specific Fears: _____

Current Pediatrician: _____

Preferred Hospital: _____

Does your child have any allergies? Yes or No

Please list the allergy and the reaction (including food allergies):

List any medications taken regularly by your child – prescription and/or over the counter:

Discipline

I authorize Hernando Baptist Parent's Day Out to assign non-physical discipline for my child, _____ . The discipline he/she receives at home is as follows: _____

Parent/Legal Guardian's Signature: _____

We DO NOT spank! Further details are found in the PDO Handbook.

Complete each of the following **by INITIALING either yes or no:**

My child may be photographed/videoed at Hernando Baptist PDO. I understand Hernando Baptist PDO and Hernando Baptist Church may use my child's picture for promotional purposes on social media. Teachers may also post pictures to social media pages. _____ Yes _____ No

Hernando Baptist PDO may give my child emergency medical treatment if needed.

_____ Yes _____ No

3 & 4 Year Olds Only:

My child is completely potty trained and out of pull ups. _____ Yes _____ No
IF NOT, YOUR CHILD MUST BE COMPLETELY POTTY TRAINED AND OUT OF PULL UPS BEFORE STARTING PDO. If your child must withdraw due to this, the registration fee will not be refunded.

Please read carefully and INITIAL the following statements:

I understand that the \$100 registration fee is **non-refundable (NO EXCEPTIONS)** and due when the application is completed and returned.

My child's spot is not secure without this. _____

I understand that tuition is payable to Hernando Baptist Kindergarten (HBK) beginning in August and completed in May for a total of \$1800 for the year. (\$200 x 9 payments) _____

I understand that tuition is due the 1st of each month and is late after the 10th.
A late fee of \$20.00 will be assessed. _____

I understand that if I withdraw my child **BEFORE** August 1, 2026, there will not be a penalty. _____

I understand that if I withdraw my child **AFTER** August 1, 2026, there will be a 1-month tuition payment penalty. _____

I give permission for my child to be under the care of Hernando Baptist PDO on Tuesdays and Thursdays for the Month of August 2026 through May 2027. _____

Parent/Legal Guardian Signature:

Date: _____