



**Helpful Information:**

**Reason for Selecting PDO:** \_\_\_\_\_

**PDO Recommended By:** \_\_\_\_\_

**If parents are separated or divorced, with whom does the child reside?**

\_\_\_\_\_

**Name**

**Relationship**

**Parent's Address (if Different from Child's Address):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **Home/Cell Phone:** \_\_\_\_\_

**Release of Child**

**Names of people to whom the child may be released:  
(In addition to those already listed on page 1 of the enrollment form)**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Parents' Denominational Preference:** \_\_\_\_\_

**Location of Membership:** \_\_\_\_\_

**Active Member:** Yes \_\_\_\_\_ Somewhat \_\_\_\_\_ No \_\_\_\_\_

**Does your child have any disabilities or restrictions that would require special services or restrict him/her from any physical activities? If so, please relate details.**

\_\_\_\_\_

\_\_\_\_\_