

PARENTS DAY OUT  
Kingswood United Methodist Church  
401 W. Dundee Rd.  
Buffalo Grove, IL 60089  
**REGISTRATION FORM (2024 - 2025)**

Please use one form per child!

Date registering \_\_\_\_\_

Participant's Name \_\_\_\_\_ Nickname: \_\_\_\_\_  
Last First

Participant's Address: \_\_\_\_\_  
Street City/State/Zip Code

Boy \_\_\_\_\_ Girl \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Child's age as of 9/1/24 \_\_\_\_\_  
Month/Day/Year (Years and Months)

**One day preference:** \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wed. \_\_\_\_\_ Thursday. \_\_\_\_\_ Friday  
**Two day preference:** \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wed. \_\_\_\_\_ Thursday. \_\_\_\_\_ Friday  
**Three day preference:** \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wed. \_\_\_\_\_ Thursday. \_\_\_\_\_ Friday  
**Four day preference:** \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wed. \_\_\_\_\_ Thursday. \_\_\_\_\_ Friday  
**Five day preference:** \_\_\_\_\_ Monday through Friday

If possible, please place in the same session as \_\_\_\_\_

Parents Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Home

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
(If different) Work (mother)

Phone: (\_\_\_\_) \_\_\_\_\_  
Work (father)

E-Mail: \_\_\_\_\_ (Required for PDO notifications. We do not share information)

Mother's Pager/cell Phone (\_\_\_\_) \_\_\_\_\_ Father's Pager/cell Phone(\_\_\_\_) \_\_\_\_\_

Number of children enrolling for 2024 - 2025 \_\_\_\_\_

I/We are presently members of \_\_\_\_\_ Church/Synagogue

Dr.'s Name & Phone: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

In case of an emergency, who should we contact:

Name	Address	Phone	Relationship
------	---------	-------	--------------

Besides parents, who can pick up your child:

Name	Address	Phone	Relationship
------	---------	-------	--------------

Name	Address	Phone	Relationship
------	---------	-------	--------------

**Over**

Potty training status (2-3 years old):

\_\_\_\_\_ Completely potty-trained \_\_\_\_\_ Potty training \_\_\_\_\_ In diapers

If currently in diapers, please indicate if you are planning to complete potty training by 9/1/24.

Yes \_\_\_\_\_ No \_\_\_\_\_

Has your child ever been left in the care of a non-family member? \_\_\_\_\_

*(If your child **HAS NOT** yet been left in the care of a non-family member, please try to provide many opportunities for him/her to experience life away from Mom and Dad between now and September 2024. This will greatly increase the chances that your child will be successful at PDO).*

Please indicate allergies/special concerns of which the teachers should be aware:

\_\_\_\_\_  
\_\_\_\_\_

Additional information/concerns or other information that would allow us to make the most appropriate placement for your child \_\_\_\_\_

\_\_\_\_\_

If a parent or other adult listed cannot be reached, I give permission for my child to have emergency medical treatment.

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I, \_\_\_\_\_ give permission for my child's picture to be taken while attending PDO and for those photos to be used on bulletin boards within the church, on the church's web site and to help promote PDO.

\_\_\_\_\_  
**Signature of Parent**

\_\_\_\_\_  
**Date**

I have read and agreed to adhere to the policies of the Parents Day Out program at Kingswood United Methodist Church.

\_\_\_\_\_  
**Signature of Parent**

\_\_\_\_\_  
**Date**

KUMC will attempt to provide PDO opportunities for participants faced with financial hardships. Would you like to receive further information regarding these opportunities? Yes \_\_\_\_\_ No \_\_\_\_\_.

How did you hear about the Kingswood Parents Day Out Program?

\_\_\_ Friend \_\_\_ Newspaper \_\_\_ Sign \_\_\_ Website \_\_\_ Other \_\_\_\_\_