

**REGISTRATION FORM**  
**(Kid's Day Out)**  
2310 Haymaker Road  
Monroeville, PA 15146  
412-373-1181 / 412-372-6836

\_\_\_Registration Fee\_\_\_ cash\_\_\_ check#\_\_\_  
\_\_\_Church Member\_\_\_  
\_\_\_Inoculation Form\_\_\_  
\_\_\_Self Addressed, stamped envelope\_\_\_

\_\_\_\_\_  
Child's Name (Last,) ( First)

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Parent or Guardian's Names

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

**FOR INFANTS 6 WEEKS-24 MONTHS**

The infant room will be open on Tuesday, Wednesday, and Thursday mornings from 9 to 1. Please indicate below the days and times you would like. If you need/want childcare on different days or times please indicate that below. If there is enough need, we will try to accommodate you.

**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.

**MEDICAL INFORMATION**

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

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

**EMERGENCY PERSON/S TO CONTACT**

#1 \_\_\_\_\_  
Name

#2 \_\_\_\_\_  
Name

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Cell #

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Cell #

**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

OVER PLEASE

**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

**PLEASE READ AND CHECK ANY/ALL APPROPRIATE ANSWERS**

|  |   |  |
|--|---|--|
| <input type="checkbox"/> ASTHMA  | <input type="checkbox"/> GLASSES                        | <input type="checkbox"/> ENGLISH AS A SECOND LANGUAGE        |
| <input type="checkbox"/> ALLERGIES   | <input type="checkbox"/> PHYSICAL RESTRICTIONS          | <input type="checkbox"/> INDIVIDUALIZED EDUCATION PLAN (IEP) |
| <input type="checkbox"/> HEARING DEVICES   | <input type="checkbox"/> AUTISM SPECTRUM DISORDER       | <input type="checkbox"/> ATTENTION DEFICIT DISORDER          |
| <input type="checkbox"/> EAR TUBES   | <input type="checkbox"/> THERAPEUTIC SUPPORT STAFF(TSS) | <input type="checkbox"/> OTHER                               |
| <input type="checkbox"/> RECEIVE SERVICES FROM DART OR ANY OTHER AGENCY? (Where)_____  |   |  |
| THIS INFORMATION WILL BE USED TO SUPPORT YOUR CHILD AND ALLOW US TO OPTIMIZE THEIR LEARNING EXPERIENCE HERE AT CROSS ROADS PRESCHOOL |   |  |

**PHOTO RELEASE**

From time to time during the year, we put pictures in the local newspaper, on cable TV , and on our church website to advertise upcoming events. 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 for the following:

- Newspaper articles
- TV
- Church’s web site
- Preschool web site
- KDO Newsletter

\_\_\_\_\_  
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:

\_\_\_\_\_

Please call. \_\_\_\_\_  
Name Phone Number

**Things you would like the KDO Staff to know about your child (i.e.: siblings, interests, fears etc)**

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