

**Central Baptist Church**  
**Parent's Day Out Registration Form**  
**2025**

We are requesting enrollment in (choose one): Monday/Wednesday or Tuesday/Thursday

Child's name: \_\_\_\_\_ Name child goes by \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

**Parents/Guardian Information**

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status: \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widowed \_\_\_ Single

If separated or divorced who has legal custody?

Mother \_\_\_ Father \_\_\_ Other \_\_\_\_\_

*(Court papers are required if the non-custodial parent cannot pick up)*

**Please list people to whom the child may be released. When picking up a child from PDO, the name on this release form must match the name on the driver's license.**

1. Name: \_\_\_\_\_ Relation to Child \_\_\_\_\_

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

2. Name: \_\_\_\_\_ Relation to Child \_\_\_\_\_

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

3. Name: \_\_\_\_\_ Relation to Child \_\_\_\_\_

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

### **Medical Information**

\_\_\_\_\_ In the event of a medical emergency, I authorized Central Baptist Church Parent's Day Out to call for emergency services and act as an authorized agent in the care of my child until a parent or other authorized representative can be reached. Every effort will be made to reach parents and/or other authorized representatives listed on this form immediately in the event of an emergency.

\_\_\_\_\_ In the event of a medical emergency, I authorize CPR certified Central Baptist Church employees and personnel to preform necessary lifesaving procedures on my child until emergency services arrive.

\_\_\_\_\_ In the event of a weather-related emergency, or other local community emergency event, I authorize Central Baptist Church employees and personnel to act as an authorized agent on my child's behalf until a parent or other representative can be reached. Every effort will be made to reach parents and/or other authorized representatives listed on this form immediately in the event of an emergency.

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

### **Insurance Information**

Name of insurance company \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Please list any special medical needs or allergies: \_\_\_\_\_

\_\_\_\_\_

**Please provide a copy of the child's insurance card to be placed their file.**

**Please answer the following questions by circling the appropriate response:**

1. Is your child currently taking any medication? Yes No (if yes, please list them on the back of this page)
2. Does your child have any allergies or reactions to insect stings or bites? Yes No
3. Has your child had asthma or wheezing? Yes No
4. Has your child ever had chicken pox? Yes No
5. Has your child had allergic skin reactions with such as hives, welts, contact dermatitis, etc?  
Yes No Which Ones? \_\_\_\_\_  
\_\_\_\_\_
6. Does your child have any allergies to food? \_\_\_\_\_  
\_\_\_\_\_
7. Is there anything else that will be helpful to know about your child?  
\_\_\_\_\_

**Please answer the following by circling the appropriate response:**

1. My child's immunization and health records are current. Yes No  
(A copy of your child's immunization records must be provided for our records)
2. I give permission for my child's picture and or videos to be used on bulletin boards, newsletters, Central Baptist Church website and any other marketing program to publicize Central's programs. Names will not be used. Yes No
3. I am a member of Central Baptist Church Yes No
4. I attend Central Baptist Church but am not a member Yes No
5. I am a member of or attend another local church or place of worship. Yes No  
If Yes, where? \_\_\_\_\_  
If no, would you like more information on the programs and activities available here at Central?  
Yes No

I understand it is my responsibility to update any information on this form as needed. By the signature below, I am verifying that the above information is true and correct to the best of my knowledge.

**I understand that Central Baptist Church Parents' Day Out Program is not licensed and is not required to be licensed by the state as a child care agency. §T.C.A. 71-3-503 (B) (7)**

By my signature below, I acknowledge that I have read and agree to abide by the policies and procedures stated in the Parent Handbook (available from the PDO Office or on our website [www.orcbc.org](http://www.orcbc.org).) This includes the policies regarding payment of fees, arrival and departure, and children with illness.

Parent/Guardian Print Name: \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please sign and return to the Central Baptist Church Parent's Day Out Director.