



Hernando Baptist Weekday Education  
11 E Center St. Hernando, MS 38632  
662-429-2777  
[hbk@hernandobaptist.org](mailto:hbk@hernandobaptist.org)

## 2023-2024 Parent's Day Out Registration Packet

### Registration Schedule

Sunday, Feb. 5, 4:00 – 5:00 p.m. in the Preschool  
Tues., Feb. 7, 5:00 p.m. – 7:00 p.m. in the Gym  
Tues., Feb. 9, 5:00 p.m. – 7:00 p.m. in the Gym

Hernando Baptist Church Members Only  
Current HBK/PDO Students & Siblings  
Open Registration

After your respective registration opens, you may also register during the week by appointment.  
Please call 662-429-2777 to schedule an appointment.

### Instructions

- Please fill out the application completely, following all directions. Do not leave anything blank. Failure to complete this application could cause a delay in the registration process for your child.
- Completed applications should be turned in to the HBK office. Please **DO NOT** leave applications in the church office.
- **A Parent or Legal Guardian** must be present to register your child.
- You **MUST** bring the following to register. **PLAN AHEAD! You will NOT be able to register your child if you do not have ALL of these items with you when registering:**

\_\_\_\_\_ Certified Copy of your Child's Birth Certificate (**NOT** Mother's Copy)  
(We can make copies for you.)

\_\_\_\_\_ Current MS 121 Immunization Form (Shot Record)  
\*\*We will not accept an application without this form unless your  
child is currently enrolled in HBK or PDO with an updated form on file.\*\*

\_\_\_\_\_ Completed Application for Admission

\_\_\_\_\_ Registration Fee of \$100 (We accept only checks, cash, or money orders.)

# **Hernando Baptist Weekday Education Parent's Day Out Application for Admission 2023-2024**

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 \$1650 for the year. (\$165 x 10 payments) \_\_\_\_\_

I understand that tuition is due the 1<sup>st</sup> of each month and is late after the 15<sup>th</sup>.  
A late fee of \$20.00 will be assessed. \_\_\_\_\_

I understand that if I withdraw my child **BEFORE** August 1, 2023, there will not be a penalty. \_\_\_\_\_  
I understand that if I withdraw my child **AFTER** August 1, 2023, 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 2023 through May 2024. \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_