

WEST PARK PARENT'S DAY OUT

2026 - 2027 Enrollment Application

Child's Full Name _____

Preferred Name _____ ☐ Male ☐ Female

Birth Date _____ Age as of 8/15/2026 _____

2026-2027 School Year Program

_____ Monday/Wednesday _____ Tuesday/Thursday
Choose only one

Date Received

Enrollment Fee Received

☐ Cash

☐ Check

☐ Bill in ProCare

Lives with: ☐ Father ☐ Mother ☐ Stepmother ☐ Stepfather
☐ Legal Guardian ☐ Other: _____

FATHER

Name _____

Address _____

City _____ State ____ Zip _____

Email _____

Phone _____

☐ Cell ☐ Home ☐ Work

Phone _____

☐ Cell ☐ Home ☐ Work

Employer _____

MOTHER

Name _____

Address _____

City _____ State ____ Zip _____

Email _____

Phone _____

☐ Cell ☐ Home ☐ Work

Phone _____

☐ Cell ☐ Home ☐ Work

Employer _____

Emergency contacts (if parents are unavailable) and/or Persons to whom your child may be released.

Name _____ Relationship _____

Phone _____

Phone _____

☐ Cell ☐ Home ☐ Work

☐ Cell ☐ Home ☐ Work

Name _____ Relationship _____

Phone _____

Phone _____

☐ Cell ☐ Home ☐ Work

☐ Cell ☐ Home ☐ Work

Name _____ Relationship _____

Phone _____

Phone _____

☐ Cell ☐ Home ☐ Work

☐ Cell ☐ Home ☐ Work

STUDENT INFORMATION

Name _____

Please complete for each child

Has your child ever been in a structured program? ☐ Yes ☐ No

If yes, where, and when? _____

May we contact them? ☐ Yes ☐ No

Has your child ever been denied enrollment or re-enrollment? ☐ Yes ☐ No

If yes, please explain, _____

Speech and Physical Growth

Does your child talk well? ☐ Well ☐ Fairly Well ☐ Not Very Well

Does your child hear well? ☐ Well ☐ Fairly Well ☐ Not Very Well

Is your child receiving treatment/therapy of any kind (speech, language, etc.)? ☐ Yes ☐ No

If yes, please list _____

Life Events: Has your child had any of the following experiences in the past year?

Birth of another child in the family ☐ Yes ☐ No

Moving ☐ Yes ☐ No

Changing of schools ☐ Yes ☐ No

Serious illness, child/family member ☐ Yes ☐ No

Death in family ☐ Yes ☐ No

Divorce of parents ☐ Yes ☐ No

Other _____

Behavior Habits:

Finger sucking, nail biting, etc. _____

Known fears _____

Is he/she usually happy? ☐ Yes ☐ No

Does he/she cry easily? ☐ Yes ☐ No

Reacts to strangers ☐ Well ☐ Fairly Well ☐ Not Very Well

What are some ways your child plays at home? _____

Does he/she interact with other children in social situations? ☐ Yes ☐ No

How? _____

Does he/she play well with other children? ☐ Yes ☐ No

Is it hard for your child to share? ☐ Yes ☐ No Take Turns? ☐ Yes ☐ No

List methods of discipline used with your child _____

Which is most effective? _____

STUDENT INFORMATION

Name _____
Please complete for each child

Eating Habits

Does student feed themselves? ☐ Yes ☐ No

List any eating habits and/or difficulties _____

If a student refuses to eat, how is this handled?

Allergies

List any juices, drinks, or food to which your child may be allergic _____

Degree of allergy ☐ Mild ☐ Moderate ☐ Severe

Usual Reaction _____

Necessary Treatment _____

Sleeping Habits

Has room alone? ☐ Yes ☐ No If no, with whom does the child room? _____

Child goes to bed at _____ Average sleeping hours _____ Naps from _____ to _____

Toilet Habits

Is your child potty trained? ☐ Yes ☐ No Do they tell you when they need to go? ☐ Yes ☐ No

Does he have any toileting habits we should know about? ☐ Yes ☐ No

If yes, what are they? _____

Photography /Publishing Release

Occasionally we will use pictures for promotion in house or on the web. No names will ever be used, images only. Do we have your permission to use your child's image? ☐ Yes ☐ No

Family Information

Family Church _____ City _____

Attend Regularly? ☐ Yes ☐ No

Other Children in Family

Name	Gender	Age	School Attending
	☐ M ☐ F		
	☐ M ☐ F		
	☐ M ☐ F		

What are your child's favorite activities? _____

What activities does your child dislike? _____

Is the entire family together any time during the day? _____

Is there any info. We should know about your child to help him/her adjust and excel in our program? _____

HEALTH HISTORY

Name _____
Please complete for each child

The answer to these questions will help us to know if your child has any medical problems. We need this information in case he/she should become ill, and we would be unable to reach you right away. Please circle the right answer.

Pregnancy and Birth

- ☐ Yes ☐ No 1. Was there any problem with pregnancy or the birth of your child?
☐ Yes ☐ No 2. Was his/her birth weight under 5 ½ pounds?
☐ Yes ☐ No 3. Did the baby have any problems in the hospital?

Medical Problems

- ☐ Yes ☐ No 4. Has your child ever been in the hospital overnight?
☐ Yes ☐ No 5. Is your child taking any medicine?
☐ Yes ☐ No 6. Any allergies or reactions to medicine, DTP, shots or insects?
☐ Yes ☐ No 7. Has your child had asthma or wheezing?
☐ Yes ☐ No 8. Does your child have speech or hearing problems?
☐ Yes ☐ No 9. Has your child had more than two ear infections in a year?
☐ Yes ☐ No 10. Does your child have tubes in his/her ears?
☐ Yes ☐ No 11. Has your child had tonsillitis?
☐ Yes ☐ No 12. Does your child have trouble with his/her eyes?
☐ Yes ☐ No 13. Has your child had a bladder or kidney infection?
☐ Yes ☐ No 14. Does he/she have burning when urinating?
☐ Yes ☐ No 15. Does he/she have seizures, fits or shaking spells?
☐ Yes ☐ No 16. Have you ever been told your child has a heart murmur?
☐ Yes ☐ No 17. Is your child able to play as hard as other children?
☐ Yes ☐ No 18. Has your child ever had a bumpy, swollen reaction to a TB skin test?
☐ Yes ☐ No 19. Has your child ever been with anyone having TB?
☐ Yes ☐ No 20. Is your child a hemophiliac (free bleeder)?
☐ Yes ☐ No 21. Is your child on a heart monitor?
☐ Yes ☐ No 22. Does your child have any special problems not included above?
☐ Yes ☐ No 23. When did your child last see a doctor? Month _____ Year _____

Medical Information:

Pediatrician _____ Phone _____

Should a trip to the Hospital/Emergency Room arise, your child will be taken to Children's Hospital.

I AUTHORIZE WEST PARK PARENTS DAY OUT TO SEEK EMERGENCY MEDICAL TREATMENT FOR MY CHILD.

Parent/Guardian Signature

Date



Child's Name _____

Dear Parents,

West Park Parent's Day Out Program is exempt from state childcare licensure. The law states that a program that meets with children two days a week and less than six hours a day is not required to be licensed by the Department of Children's Services. Written notice of this exemption is to be given to all parents. Please sign the form below to acknowledge that you received this letter and return it with your child's application. Thanks so much!

I understand West Park Parent's Day Out Program is not licensed by the Department of Children's Services.

Parent's Signature

WEST PARK PARENT'S DAY OUT
2026-2027 PARENT/CENTER AGREEMENT

Child's Name _____

THE PROGRAM AGREES THAT:

1. The program will give regular care to the child on the days he/she is scheduled to attend between the hours of 9:00 and 1:30. The following days will be exceptions: public school holidays, snow days, and emergency closings.
2. The teacher will check each child for infectious diseases each day before being admitted to class. If contagion is suspected, the child will not be allowed to stay in school that day.
3. In case of an accident or injury involving the child, the teacher will promptly make judgments in the best interest of the child and notify the parents immediately. The teacher and director will work together in making decisions.
4. The program will provide opportunities to grow spiritually, mentally, emotionally, and physically.
5. The program will give written notice in case of exposure to a contagious illness. Ex., lice, RSV.
6. The program will provide resources in sufficient quantity to allow for a variety of play and learning activities.
7. The program will not allow your child to leave class with anyone that does not present a security card with your child's name on it without permission from the parent. Written or verbal permission may be given to the director during emergency situations to allow a child to leave with someone who does not have a security card.
8. We follow a nondiscriminatory policy toward all individuals.
9. The program reserves the right to dismiss a child if after entering the program he/she cannot adjust to a group setting.

THE PARENT AGREES THAT:

1. The parents will pay all monthly fees described in the handbook.
2. The parents will not violate the hours agreed upon.
3. If a parent cannot be notified in case of illness or accident, the program can take necessary action in the best interests of the child. Parents' insurance will be responsible for all expenses. The emergency person will be called to pick up a sick child if the parent cannot be reached.
4. When contacted concerning a sick child, the parent must pick up the child within 30 minutes. Failure to do so may result in dismissal from the program.
5. Liability for the child's action while he/she is in our care is the responsibility of the parent.
6. The program is not liable for accidents occurring to the child while in the program's care.
7. The parent will give two weeks' notice to the director if the child is withdrawn from the program. The parent of guardian is responsible for the monthly fees until notice is received.
8. The parents will diligently try to be at the program as close to 9:00 a.m. as possible and pick up as close to 1:30 as possible. This is a structured program, and your child misses material when dropped off late and picked up early.
9. The parents have read THE PARENT'S DAY OUT HANDBOOK.
10. The parent will show his/her security card every time he/she picks up a child.

West Park Parent's Day Out, and the parents agree that this is a legal binding contract.

The contract may be terminated by either the program or the parent by notification two weeks in advance or at any time by a mutual agreement by both parties.

West Park Parents Day Out

Parent or Guardian

Date

Childs Name: _____

PHOTOGRAPHY/VIDEO RELEASE FOR WEST PARK PARENTS DAY OUT PROGRAM

I/WE for good and valuable consideration, the receipt of which is hereby acknowledged, do hereby irrevocably authorize **WEST PARK BAPTIST CHURCH & PARENTS DAY OUT PROGRAM** to take Video/photographs of myself/family/children and or my property, clients and any contents of this building or place of business and authorize him/her/their and his/her/their assignees, licensees, legal representatives and transferees to use and publish with or without my name, company name, or with a fictitious name photographs, pictures, portraits, video or images herein described in any and all forms and media and in all manners including composite images or distorted representations, and the purposes of publicity, illustration, commercial art, advertising, publishing (including publishing in electronic form on CD/DVD or internet websites), for any product or services, or other lawful uses as may be determined by the photographer/videographer or church named here

I further waive all rights to review or approve any uses of the images, any written copy or finished product. **I am of full legal age and** have read and fully understand the terms of this release. Also, I am the parent or legal guardian of the minor below and have the legal right and authority to execute the above release on behalf of the minor.

I have read the above and give permission to West Park Baptist Church and Parents Day Out Program use of photographs/video taken at the named event above.

Signed _____ Printed _____ Date _____

I hereby witness that I am a representative of West Park Baptist Church

Signed _____ Printed Melissa Harvey and/or Kim Frank Date _____

Title/Position – Parents Day Out Director

I have read the above and **DO NOT** give permission to West Park Baptist Church and Parents Day Out Program use of photographs/video taken at the named event above.

Signed _____ Printed _____ Date _____