

PARENTS DAY OUT
Kingswood United Methodist Church
401 W. Dundee Rd.
Buffalo Grove, IL 60089

2026-2027 REGISTRATION FORM

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 9/1/26 _____
Month/Day/Year (Years and Months)

One-day preference: _____ Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri.
Two-day preference: _____ Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri.
Three-day preference: _____ Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri.
Four-day preference: _____ Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri.
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 Cell Phone _____ Father's Cell Phone _____

Number of children enrolling for 2026 - 2027 _____

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 in diapers, please indicate if you are planning to complete potty training by 9/1/26.

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 2026. 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:

Does your child have an Individualized Education Program (IEP)? _____ Yes _____ No

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.

Date: _____

Signature of Parent

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

Date: _____

Signature of Parent

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 _____