



PARENTS DAY OUT

First Presbyterian Marietta

PARENTS DAY OUT REGISTRATION FORM

Child's Name _____ Age _____ DOB _____

Address _____ City/State _____ Zip _____

Mother's Name _____

Mother's Cell _____ Mother's Work Phone _____

Father's Name _____

Father's Cell _____ Father's Work Phone _____

Preferred Email Address (for notification of PDO closings or other important news only):

Medical

Is your child allergic to any foods, drugs, bee stings, etc? If yes, please list all with reaction and treatment:

Does your child have any special needs or accommodations?

Emergency Contacts Other than Parents

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Medical Release:

In the event of a medical emergency involving my child, _____ (print child's name), I understand that FPC PDO will make every effort to contact me. If the staff cannot reach me, I give permission for PDO to seek medical attention for my child. Any medical fees incurred will be my responsibility. I agree to hold harmless the Parent's Day Out program and FPC for their actions on my behalf.

Signature of Parent or Guardian

Date

Photo Release

I give PDO and FPC permission to use print and/or digital media of my child for promotional purposes.

Signature of Parent or Guardian

Date