



Kids Day Out – Application for Admission

Child's Name _____

Home Address _____ City _____ Zip _____

Home Phone _____ DOB _____ M ___ F _____

Year entering Kindergarten _____

Parent's Name _____ E-Mail _____

Business Name and Address _____

Work Phone _____ Cell Phone _____ Receive Texts? Yes ___ No ___

Parent's Name _____ E-Mail _____

Business Name and Address _____

Work Phone _____ Cell Phone _____ Receive Texts? Yes ___ No ___

Are you currently active in a church? Yes ___ No ___ If so where? _____

Emergency Contact: Name, address and phone number of person who would assume responsibility for your child in case of an emergency if we were unable to contact parents:

Name _____ Relationship _____

Address _____

Home Phone _____ Cell Phone _____

AUTHORIZED RELEASE –Please list names of person to whom your child may be released to:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Permission is granted to meet the needs of my child in case of emergency. I understand every effort will be made to contact me before such action is taken.

Signature of Parent/Guardian _____