



## 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 \_\_\_

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**Parent's Name** \_\_\_\_\_ E-Mail \_\_\_\_\_

Business Name and Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Receive Texts? Yes \_\_\_ No \_\_\_

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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 \_\_\_\_\_