

For Office Use Only: Amount \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Immunization \_\_\_\_\_

**Wesley UMC Kids Day Out**  
**21 East Franklin, Naperville, IL 60540**  
**(630) 355-1758 email- wesleykidsdayout@gmail.com**

Registration Fall 2020/Spring 2021

Name of Parent/Guardian #1 \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Parent #1's Cell Phone \_\_\_\_\_ Parent #2's Cell Phone \_\_\_\_\_

Name of Parent/Guardian #2 \_\_\_\_\_ Business Phone \_\_\_\_\_

Information on your Child/Children (who are attending KDO)

Name \_\_\_\_\_ Sex M F Birthdate \_\_\_\_\_

Allergies \_\_\_\_\_

Name \_\_\_\_\_ Sex M F Birthdate \_\_\_\_\_

Allergies \_\_\_\_\_

Name \_\_\_\_\_ Sex M F Birthdate \_\_\_\_\_

Allergies \_\_\_\_\_

Name \_\_\_\_\_ Sex M F Birthdate \_\_\_\_\_

Allergies \_\_\_\_\_

How did you find out about Wesley Kids Day Out?

\_\_\_\_\_

\_\_\_\_\_ I am interested in learning more about Wesley UMC children and family activities.

Names of two friends/neighbors who may be notified in case of emergency when a parent cannot be reached:

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Person(s), other than a parent, authorized to pick up your child/children (optional):

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Name \_\_\_\_\_ Insurance Phone \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

### **Wesley Kids Day Out Contract**

I understand that payment of the registration fee is non-refundable and non-transferable. I have also read and understood the KDO policies and procedures. I further understand that if I drop out of the program for any reason, I am required to provide KDO with a thirty day written notice.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **Emergency Care Consent**

In case of sickness or accident of my child while under the care and supervision of Wesley Kids Day Out, I the undersigned hereby give my consent to Wesley Kids Day Out workers to provide emergency care and/or treatment through a clinic, a hospital, or private doctor. I give my express consent for x-rays if the doctor and/or hospital feel it is advisable or necessary. I also agree to pay all of the costs and fees contingent upon my emergency medical care and/or treatment for my child as secured or authorized under this consent. This agreement shall continue as long as the child or children named on this form is/are enrolled in the Wesley Kids Day Out program

Signature \_\_\_\_\_

Date \_\_\_\_\_

### **Permission Refusal for Website Photographs**

I, \_\_\_\_\_ refuse permission to have my child/children's picture posted on the Wesley Kids Day Out website.

Signature \_\_\_\_\_

Date \_\_\_\_\_