

For Office Use Only:

Amount _____ Check # _____ Cash _____ Immunization _____ Self-Certification Form _____

Wesley UMC Kids Day Out

21 East Franklin, Naperville, IL 60540 (630) 355-1758 email-wesleykidsdayout@gmail.com

Registration Fall 2022/Spring 2023

Name of Parent/Guardian #1 _____ Phone _____

Address _____ City _____ Zip _____

Email _____

Name of Parent/Guardian #2 _____ Phone _____

Information on your child/children (who are attending KDO) and your preferred days

Name _____ Sex M F Birthdate _____

Allergies _____

Mondays _____ Wednesdays _____ Fridays _____

Name _____ Sex M F Birthdate _____

Allergies _____

Mondays _____ Wednesdays _____ Fridays _____

Name _____ Sex M F Birthdate _____

Allergies _____

Mondays _____ Wednesdays _____ Fridays _____

Name _____ Sex M F Birthdate _____

Allergies _____

Mondays _____ Wednesdays _____ Fridays _____

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 _____

*optional

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 _____

How did you find out about Wesley Kids Day Out?

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