

<u>Director Use Only</u>		
Date Turned In:		
Enrollment Fee Info:		

## 2025-2026 ENROLLMENT APPLICATION

An application/supply fee of \$115 for every child must accompany this form in order to hold the child's place. The deposit will be refunded if classes close prior to receipt.

Child's Name		Gender		
Birthdate	Exact Age as of Sept 1			
*Medical Informatio	<b>n</b> (medical conditions, food allergies		(Please mark one with "X")	
	Name:			
Mom Cell Phone:	Work Phone	Work Phone:		
Dad Cell Phone:	Work Phone	e:		
Address:Street or PO	Вох	City	State Zip	
Email:				
Emergency Contac	t (in case either parent cannot be re	eached):		
Name	Relation	Phon	e	
Name	Relation	Phon	e	
	up your child from PDO? be released to anyone who is not lis	<u>ted.</u>		
Name	Relation	Phon	e	
Name	Relation	Phon	e	
Name	Relation_	Phon	e	
Please mark pr	ogram option below:			
Three Day Option		Two Day Option - Mark 1st, 2nd & 3rd choice		
Monday, Tue: (Please mark with an "X")	sday & Thursday	Monday/Tuesday		
	1	Monday/Thursday		
		Tuesday/Thursday		

## Raintree Parent's Day Out, Responsibility Form PLEASE READ, SIGN AND RETURN

Child's Name:
(Initial please) I understand as the parent/guardian of a student in the PDO program that I will follow all rules as listed in the handbook.
I understand that my child MAY NOT be dropped off before 9: 10 am and will be picked up NO LATER than 1:25 pm. If I am going to be late, I will contact the church at 816-537-8111 or Robin Erisman at 816-935-9961 ASAP to let them know of the change. If someone not listed on the form comes to pick up my child without the director being informed of the change the child will not be allowed to leave with that person until a parent is contacted & a late fee will be billed after 1:25 pm
I understand I am to check my child in at the doors EVERY time I take them to PDO. I understand I am to supply my child with a sack lunch and drink each day. If I forget my child's lunch the program will contact me to bring a lunch to school. If the program cannot contact me, they will provide lunch for my child and my account will be charged \$2.00. I also understand that I MAY NOT SEND ANY TYPE OF PEANUTS OR PEANUT BUTTER items in the lunch due to allergies.
I understand that my account balance will be set up for a date between the 1st-7th of the month as an on-line recurring payment. I will also select to pay the on-line fee. I understand that the PDO program starts Tuesday, September 2nd and runs all days except Labor Day, Thanksgiving, Christmas break, Martin Luther King Day, President's Day and Spring break, until the last day of school, Thursday, May 14th, 2026. All monthly account balances will remain the same through the year, even if PDO incurs snow days or your child is sick. I AM responsible for payment.
If I decide not to continue with the PDO program I will give the director TWO WEEKS notice. If I leave before that time, I will be responsible to pay for any days not met for those two weeks.
I also agree that if my child gets injured during the PDO program I will not hold the teachers, director, or Raintree Community Church responsible for the injury or medical bills. If my child needs medical attention due to an accident during the program 911 will be called and I will be notified immediately.
I have read the health policy and will follow it. If my child's teacher and the director feel my child needs to go home due to sickness, I am responsible to pick up my child as soon as the director calls me.
I understand that whoever picks up my child is responsible, once they get to the car, of securing them in their age-appropriate car seat before leaving.
I,, have read the above, understand it and will follow it along with all other information provided in the handbook.
Parent Signature
Date signed
Please email (or print) completed form and send to: pdoadmin@raintreechurch.com