



Dalewood Baptist Church

Parent's Day Out

1586 McGavock Pk.

Nashville, Tn 37216

615-226-3604

dalewoodpdo@gmail.com

[www.dalewoodbaptist.org](http://www.dalewoodbaptist.org)

## Enrollment Application for Dalewood Baptist PDO

Full Name of Child \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Middle Last

Gender M \_\_\_\_\_ F \_\_\_\_\_ What does child like to be called? \_\_\_\_\_

Street Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother's Name \_\_\_\_\_

Where Employed \_\_\_\_\_

Attends Church? \_\_\_\_\_ Where \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Street Address (if different than child) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Father's Name \_\_\_\_\_

Where Employed \_\_\_\_\_

Attends Church? \_\_\_\_\_ Where \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Street Address (if different than child) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Legal Guardian's Name \_\_\_\_\_

Where Employed \_\_\_\_\_

Attends Church? \_\_\_\_\_ Where \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Street Address (if different than child) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Transportation Plan:**

For your child's safety, list the adults authorized to provide transportation for the child or adults who your child may be released. Driver's License will be checked and child will only be released to people listed unless you have filled out the additional permission slip in classroom (slip must be signed by parent or guardian).

List of people (other than parents) who can pick up child:

Name \_\_\_\_\_ Contact # \_\_\_\_\_

Name \_\_\_\_\_ Contact # \_\_\_\_\_

Name \_\_\_\_\_ Contact # \_\_\_\_\_

Name \_\_\_\_\_ Contact # \_\_\_\_\_

List of people who **CAN NOT** pick up child:

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

**Emergency Information:**

List TWO people to contact if above parents cannot be reached:

Name \_\_\_\_\_ Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Personal Information:**

**Other Children in the Family:**

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

**Eating Habits:** At what time does the child eat breakfast? \_\_\_\_\_ lunch? \_\_\_\_\_ dinner? \_\_\_\_\_

Between meal snacks? \_\_\_\_\_ What is child's general attitude toward eating? \_\_\_\_\_

If child refuse to eat, how is this handled and by whom \_\_\_\_\_

Food allergies? \_\_\_\_\_

**Sleep Habits:** Has room alone \_\_\_\_\_ Shares with other children \_\_\_\_\_ Room with parents \_\_\_\_\_

Naps from \_\_\_\_\_ to \_\_\_\_\_ Average hours \_\_\_\_\_ Attitude toward going to bed \_\_\_\_\_

**Bathroom Habits:** In Diapers or Pull-ups \_\_\_\_\_ Beginning to potty train \_\_\_\_\_ Potty Trained \_\_\_\_\_

If potty trained, does child tell you when they need to go to the bathroom and go willingly? \_\_\_\_\_

What word does child use for urinating? \_\_\_\_\_ Bowel movement? \_\_\_\_\_

**Speech and Physical Growth:**

Does child talk well? \_\_\_\_\_ Fairly well? \_\_\_\_\_ Indistinctly? \_\_\_\_\_ Not at all? \_\_\_\_\_

Does anyone read to child? \_\_\_\_\_ How regularly? \_\_\_\_\_

Was child premature? \_\_\_\_\_ How early? \_\_\_\_\_ At what age did child crawl? \_\_\_\_\_ Walk? \_\_\_\_\_

**Discipline:** What type of discipline is used at home? \_\_\_\_\_

**Circle appropriate description of your child:**

(loud or quiet) (timid or daring) (shy or outgoing) (friendly or unfriendly) (laid-back or energetic)

Please share any other information we need to know about your child?

\_\_\_\_\_

**\* I have been advised and understand that the Parent's Day Out Program at Dalewood Baptist Church is not licensed and is not required to be licensed by the state as a child care agency.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

## Medical Authorization Form

Full Name of Child \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
  First                    Middle                    Last

Please provide the following medical information:

Allergies: Yes or No If Yes please list them: \_\_\_\_\_

\_\_\_\_\_

Medications being taken \_\_\_\_\_

Physical problems \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Name of Doctor to be Called \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Dentist to be Called \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Hospital to be taken to \_\_\_\_\_

### PARENT CONSENT

I, \_\_\_\_\_, do hereby give permission for my  
child \_\_\_\_\_ to attend and participate in activities sponsored by Dalewood  
Baptist Church PDO.

## Emergency Medical Treatment

I authorize an adult representative of Dalewood Baptist Church PDO to consent to any and all medical and hospital care and treatment as deemed necessary for the health and well being of my child by a duly-licensed physician selected by said adult representative should I not be available to give such consent. I further give my permission for my child \_\_\_\_\_ to ride in any necessary and convenient transportation provided by Dalewood Baptist Church PDO to enable them to have access to necessary medical and hospital care treatment.

I understand that I shall be fully responsible for, and agree to pay for, all costs and expenses (including transportation) incurred in connection with such medical services rendered to my child pursuant to this authorization.

I agree to assume the risk of, and release Dalewood Baptist Church PDO, its staff and representatives from, any and all injury and liability arising out of or relating to the activities conducted or sponsored by Dalewood Baptist Church PDO.

I state the information on this form is correct.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

### Accident Policy

When a child is injured while at the school, the attending staff member, at the time of the accident, will write and sign a report documenting the accident, its details, and resulting injury. The report is given to the director for review and signature.

The parent is notified of the accident through the same report that requires their signature. The report is then kept on file in the school office.

However, if the accident is emergency in nature parents will be notified immediately with a phone call AFTER proper emergency procedures have been followed in securing immediate medical attention for the child.

Additionally, if the accident DOES NOT pose an emergency situation, but is located on the head or face, parents will also be notified as a courtesy with a phone call.

I, \_\_\_\_\_ parent of, \_\_\_\_\_  
do agree to comply with all listed policies where it involves me in the health, care, and safety of my child while at Dalewood Baptist Church PDO.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date



**Dalewood Baptist PDO  
Student Verification Form**

Parents,

In order to make sure you have been informed of policies and procedure, we must have verification in your child's records of the items listed below:

- A parent or guardian has performed an on-site visit to view our facility, review our policies and practices, and ask questions prior to enrollment.
- A parent or guardian has received a copy of Dalewood Baptist Church Parent's Day Out "Policies and Procedures" and agree to follow them.
- A parent or guardian gives consent for photos to be taken by our staff to be used for booklets, artwork, etc. A child's photo portraying activities may be used as we update our website for advertising purposes. No child's name will ever be used on our website. (If you do not give consent, please mark through and initial this item before signing below).

\_\_\_\_\_  
Child's Name

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian's Signature