

Waiver and Release Form

I give my child permission to participate in this program and it's activities and hereby waive, release and forever discharge any and all claims against the C.P.C. or it's commissioners, employees or volunteers for damages and/or injuries to the registrant, which may arise from the participation in these programs.

Emergency treatment: As a parent and/or legal guardian, I do here with authorize treatment by a qualified and licensed medical doctor of the minor(s) _____ in the event of a medical emergency, which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach the parent. This release form is completed and signed at my own free will with the purpose of authorizing medical treatments under emergency circumstances in my absence.

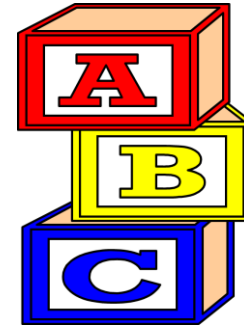
PARENT OR LEGAL GUARDIAN:

(Please sign) Date

DOCTOR'S NAME: _____

DOCTOR'S PHONE: _____

Discovery Kids PDO



**COMMUNITY PRESBYTERIAN CHURCH
PARENTS DAY OUT PROGRAMS
407 N. MAIN ST.
MOUNT PROSPECT, IL 60056
847-253-2592**

PDO@CPCHURCH.ORG

In the Discovery Kids PDO 1 & 2 Year old room, your child will participate in a variety of group activities such as free play, arts & crafts, puzzles, stories, music, playground fun, snack and lunch. All activities are fully supervised by our teachers who will do their best to work within each child's abilities at this age.

Please send your child with diapers/trainer pant, wipes and a change of clothes. A snack and lunch with drinks are needed each day.

Must be 1 or 2 by Sept 1st

Spring 2020

FAMILY INFORMATION

CHILD'S NAME

CHILD'S BIRTH DATE

YES NO
Potty Trained

CHILD'S ALLERGIES

NAME OF PARENTS OR GUARDIANS

STREET ADDRESS

CITY

ZIP CODE

HOME PHONE

MOM CELL PHONE/WORK PHONE

DAD CELL PHONE/WORK PHONE

EMAIL

Tuition Fees

\$98 (1 DAY/WEEK)

\$190 (2 DAYS/WEEK)

**A \$75 NON-REFUNDABLE REGISTRATION FEE,
PER FAMILY IS DUE AT TIME OF REGISTRATION**

Copy of birth certificate is required
Make all checks payable to CPC PDO!

Days Enrolling (please circle)

TUES WED THURS Fri

Please choose 1 or 2 days per week

PICK UP PERMISSION & EMERGENCY CONTACTS

Name Phone #

Name Phone #

Name Phone #

(Please complete waiver on other side)