

Trinity Baptist Church - Children's Day Out Registration Form

2024-2025

800 Jackson Rd., Kerrville, TX 78028

830-895-0100 babrown@tbck.org

Last Name:

First Child's Name _____ M F DOB _____

Second Child's Name _____ M F DOB _____

Third Child's Name _____ M F DOB _____

Home Address (street) _____ (city) _____ (zip) _____

Home Telephone _____ email: _____

Mother's Name _____ Cell Phone _____

Place of Employment _____ Work Phone _____

Father's Name _____ Cell Phone _____

Place of Employment _____ Work Phone _____

Childs t-shirt size _____

In town emergency (other than parent)

1. _____ Relationship _____ Phone _____

2. _____ Relationship _____ Phone _____

Persons authorized to pick up children:

1. _____ Relationship _____ Phone _____

2. _____ Relationship _____ Phone _____

Persons who are NOT authorized to pick up children:

1. _____ Relationship _____

2. _____ Relationship _____

I have read the Children's Day Out Policies & Procedure Book for the 2019-2020 school year. I understand the policies stated in this book, and agree to abide by them.

Signature

Printed Name

Date

Office Use Only

Complete registration packet received: _____ / _____ dated / initial Supply Fee Received: _____ / _____ dated / initial

Notes: _____

Children's Day Out Health Form

2024-2025

1st CHILD

2nd CHILD

3rd CHILD

Name _____

Name _____

Name _____

Date of Birth: _____

Date of Birth: _____

Date of Birth: _____

Allergies: _____

Allergies: _____

Allergies: _____

Special Concerns: _____

Special Concerns: _____

Special Concerns: _____

Other Info: _____

Other Info: _____

Other Info: _____

SHOT RECORDS NEEDED



Name _____

Our CDO records indicate that we do not have your child's shot records on file.

_____ My child has not had any recent shots. _____ Please pull his/her records from last year.

_____ I will provide a copy of my child's most recent shot record.

_____ We don't have a copy of your child's shot records attached to last year's registration card.
Please provide a current copy of your child's shot records.

Parent's signature

CDO Parent Involvement

Trinity Baptist Church CDO ministry will do all we can to teach your children to love Jesus and to love school. Your involvement as a parent is vital to your child's success in our school. Please, thoughtfully consider the following items and your willingness to participate in supporting your child's preschool education.

- *Check my child's backpack/folder DAILY for notes from teachers
- *Keep up with when it is my turn to send peanut free snacks for the class
- *Pack child-friendly, peanut free lunches
- *Sign up to participate in various parties and holiday activities
- *Make sure to help my child complete any activities assigned by the teacher to be done at home.
- *Observe guidelines listed in the policy book about sickness, appropriate clothing, and other standards that are in place for the well-being of all the children enrolled.

By signing this agreement you are indicating that you intend to support the TBC CDO team in their efforts to educate your child, and you are agreeing to participate in the activities that are intended to enrich your child's learning experience.

Behavior

TBC CDO ministry uses age appropriate training and re-direction for children who need some behavior adjustments in the classroom. If a child does not respond to their teachers redirection or behavior curbing instruction, then a child may be brought to the CDO Coordinator or Minister of Children for some time away from the environment or classmates. If the child continues with behavior that is not helpful for his/herself or his/her classmates, then the parents may be brought in for a discussion or planning with the CDO team. Our hope is to have a positive learning environment so children can grow spiritually, emotionally and mentally as they grow.

Parent signature

Trinity Baptist Church Children's Day Out Program

Release Form 2024-2025

I _____, hereby certify that I am the natural or legal guardian of the minor child(ren):

1. _____
2. _____
3. _____

I hereby authorize Trinity Baptist CDO and its agents to provide temporary care, custody, and authority over my child(ren) during the times in which I place my said child(ren) with Trinity Baptist CDO for preschool activities.

I further authorize Trinity Baptist CDO and its agents to obtain such emergency medical attention for my child(ren) during such a period of preschool activities as may appear reasonably necessary in my absence. I understand that said treatment may be carried out in the Trinity Baptist CDO building or may involve excursions out of the Trinity Baptist CDO building.

I hereby waive any right to damages which may arise from the acts of Trinity Baptist CDO or its agents, and in consideration of the services provided my child(ren) by Trinity Baptist CDO, I agree to indemnify and hold harmless Trinity Baptist CDO and its agents with respect to any loss of any kind suffered by Trinity Baptist CDO and its agents, or any liability incurred through loss suffered by third persons as the result of attendance of the child(ren) in the preschool activities of said Trinity Baptist CDO.

Media Release

I hereby give my permission for Trinity Baptist CDO to use pictures which may be taken of my child(ren) for Television Broadcasts, newspaper, Trinity Baptist Church web site, TBC-CDO Facebook page, Church Productions and/or Display on classroom bulletin boards.

PLEASE CHECK ONE

Yes, I do want my child's picture used

No, I do not want my child's picture used

I CERTIFY THAT I HAVE READ THE ABOVE AGREEMENT AND THAT I FULLY UNDERSTAND IT.

Signature

Date