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Denver, CO 80222

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## Wellshire PDO Registration 2012-2013

### **Registration Form**

Wellshire Parents Day Out is licensed by the State of Colorado and is subject to Rules and Regulations from the Department of Health and Human Services. The information on the registration form is required information.

***The registration form must be completed in full before your child can be enrolled in a class.***

Please write legibly and clearly. The information included on this form is referred to in the event of an emergency.

Only one child per registration form.

### **Ages and Classes**

Please contact the PDO office for more information on which class your child can attend.

<b>Teddy Bears</b>	12 months, by Sept. 1, 2012, (and walking) to 18 months May attend one day a week
<b>Bunnies</b>	18 months, by Sept. 1, 2012, to 24 months May attend one day a week
<b>Puppies</b>	2 years, by Sept. 1, 2012, to 2 1/2 years May initially only sign up for ONE day, but may put name on waiting list for 2nd day option
<b>Dolphins</b>	2 1/2 years, by Sept. 1, 2012, to 3 years May attend one day or two days a week
<b>Crocodiles</b>	3 years, by Sept. 1, 2012, to 5 years May attend one or two days a week

### **Tuition and Fees**

The registration fee and September's tuition are paid by check or cash and are due at the time of enrollment along with the completed and signed registration form. The registration fee and September's tuition will NOT be refunded if your child drops out of the program at any time. **Only checks or cash will be taken at registration. NO credit cards.**

Individual student registration fee	\$ 35
Monthly 2012-2013 tuition-1 day a week attendance	\$100
Monthly 2012-2013 tuition-2 day a week attendance	\$200

**PLEASE CALL THE WELLSHIRE PARENTS DAY OUT OFFICE AT 303-691-0346 WITH ANY QUESTIONS AND TO CHECK ON CLASS AVAILABILITY.**



OFFICE USE ONLY

CLASS \_\_\_\_\_ DAY \_\_\_\_\_

ENROLLMENT DATE \_\_\_\_\_

## Wellshire PDO Registration 2012-2013

### Student Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

### Emergency Information

First person to be called in the event of an emergency.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Two people who can assume responsibility for your child in the event of an emergency if you, the parents, can not be reached.

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

### Pick-up Authorization

Persons, if any, other than parents, authorized to pick this child up from Wellshire PDO.

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

### Medical Information

Physician Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Hospital of Choice \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Please list any known medical conditions that your child might have including any known allergies, medication, special diet, any chronic health condition, or special need.

I, \_\_\_\_\_ hereby give my permission to Wellshire Parents Day Out to call a doctor for medical or surgical care of my child, \_\_\_\_\_, should an emergency arise. It is understood that a conscientious effort will be made to locate me, the child's parent, before any action will be taken, but if it is not possible to locate me, this expense, including the transportation to the medical facility will be accepted by us. I further agree and acknowledge that Wellshire PDO does not and shall not maintain any medical or health insurance coverage for my child.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## Primary Sponsor of the Student

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_

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

Email Address \_\_\_\_\_

Wellshire PDO will email the program's monthly newsletter and reminders to addresses provided.

Employer \_\_\_\_\_ Employment Address \_\_\_\_\_ Work Phone \_\_\_\_\_

## Secondary Sponsor of the Student

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_

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

Email Address \_\_\_\_\_

Wellshire PDO will email the program's monthly newsletter and reminders to addresses provided.

Employer \_\_\_\_\_ Employment Address \_\_\_\_\_ Work Phone \_\_\_\_\_

I hereby grant permission for my child to participate in the following:

- Uses of all play equipment in classrooms and on the playground as well as all activities of the program.
- Evaluations connected with the early childhood education program.
- Photographs in class and individual settings.

I hereby agree that the school shall not be held liable for anything that may happen as a result of false or incomplete information given at the time of enrollment.

Signed by Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

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Individual student registration fee \$ 35

Monthly 2012-2013 School Year Tuition-1 day a week attendance \$100

Monthly 2012-2013 School Year Tuition-2 day a week attendance \$200

**Tuition is paid one month in advance.** October tuition is due on September 5, November tuition is due on October 5, etc. By signing above you acknowledge that you have read and understand the tuition policy.