

KID'S DAY OUT

A ministry of
First Baptist Church
100 S. Hedgecote
Borger, Texas 79007

Welcome to the Kid's Day Out program of First Baptist Church, Borger. Thank you for selecting FBC KID'S DAY OUT and for allowing us to be a part of your child's life.

1. We offer two semesters per year - Fall and Spring. A \$15 registration fee is required for each semester and can be paid per semester or all at once for the full year. This fee is non-refundable and will help cover the expenses of the program.
2. We offer a half-day and a full-day program. The half-day program runs from 9 a.m. until noon and is \$25 per month. The full-day program starts at 9 a.m. and ends at 3 p.m. and is \$40 per month. You must provide a lunch and a drink for the full-day program. WEE school students may enroll in a half-day program (for \$25) that runs from noon until 3 p.m. We ask that these students also bring a lunch and a drink.
3. Tuition is due the first Thursday of each month. You may give your payment to your child's teacher. Tuition is due as long as a place is reserved for your child. We ask that you do not combine this payment with other payments to the church.
4. We require a copy of your child's immunization record before they attend for the first time.
5. We follow the BISD calendar for holidays. A schedule is printed in your handbook.
6. Only children who are enrolled in KID'S DAY OUT or those who have a confirmed drop-in space will be permitted in the classroom.
7. Please contact the director if you need to withdraw your child.
8. We do not accept partial payment or give refunds for time missed.

(This page is for your records)

KID'S DAY OUT REGISTRATION FORM

Requesting:	Fall Spring	Half-day Half-day after Wee School Full-day
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Child's Full Name _____ Date of Birth _____

Parent's/Guardian's Name _____

Address _____ City _____

Phone(s) _____

Previous nursery school experience _____

Church child attends _____

Allergies or special needs _____

Communicable diseases your child has had _____

Mother's employer _____ Phone _____

Father's employer _____ Phone _____

Names of persons to whom my child may be released:

Name _____ Phone _____

Name _____ Phone _____

If parent/guardian cannot be reached in an emergency, whom can we call that would be responsible for finding parent/guardian?

Name _____ Phone _____

Name _____ Phone _____

*** * * AUTHORIZATION FOR EMERGENCY TREATMENT * * ***

In the event that I cannot be reached to make arrangements for emergency medical treatment, I authorize the program director to take my child to:

Doctor _____ Address _____ Phone _____

Hospital _____ Address _____ Phone _____

Signature of Parent or Guardian: _____ Date _____