



# PARENTS' DAY OUT APPLICATION FOR 2022-2023

Submission  
Date:

CHILD'S NAME:

BIRTHDATE: CHILD'S SEX: Male Female

CHILD'S ETHNICITY:

Mother's Name: Cell Phone:

Email:

Home Address:

Father's Name: Cell Phone:

Email:

Home Address:

Emergency Contacts: Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the Children's Center in case of illness, accident or emergency, if for some reason the custodial parent(s) or legal guardian(s) cannot be reached.

**EMERGENCY CONTACT(S):** (Additional Pick-Up)

NAME: Cell Phone:

NAME: Cell Phone:

**MEDICAL INFORMATION:**

1. **Does your child have any allergies?** YES NO

If yes, please list:

2. **Does your child have any medical conditions?** YES NO

If yes, please list:

3. **DAILY FEE: \$25 per day**

I understand that my obligation to pay the fee of \$25/day is unconditional, that the school in assigning a place for my child is relying upon my promise to pay fee, and that no portion of the fee paid or due will be refunded or canceled.

4. **DROP-OFF/PICK-UP TIMES**

I understand that my obligation to drop-off and pick-up my child is within the designated time frame, listed below. I also acknowledge that the program is a drop-off only and reserving a spot for my child depends on first-come, first-serve basis.

**TUESDAY, WEDNESDAY, THURSDAY**

**DROP-OFF: 8:15-8:45 AM, PICK-UP: 11:15-11:45 AM**

**Signature of Parent or Legal Guardian:**

**Date:**

Parents' Day Out Contact: [pdo@oursaviorfl.org](mailto:pdo@oursaviorfl.org), 727-344-1026, ext 214