

\$75.00 REGISTRATION FEE  
IS REQUIRED AT THE TIME OF REGISTRATION.

**PLAY DAY OUT**  
**Registration Form**  
2017 - 2018

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender: F M Home Address: \_\_\_\_\_  
\_\_\_\_\_

Father's Name \_\_\_\_\_

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

Work Phone \_\_\_\_\_

Cell Phone/Pager \_\_\_\_\_

E-Mail \_\_\_\_\_

Mother's Name \_\_\_\_\_

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

Work Phone \_\_\_\_\_

Cell Phone/Pager \_\_\_\_\_

E-Mail \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Emergency Contacts (Used if parents cannot be reached)

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

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

Medical History of Note (allergies, medications, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Medical Treatment Consent:** I hereby authorize Ladue Chapel Play Day  
Out to seek emergency medical treatment for my child.

Parent/Guardian

Date

Please contact the Director  
should there be any changes in the above.

Please fill out two different forms in *shared custody arrangements*  
and be sure to include any step parent's or parental figure's information.

**Please tell us about your child!**

Name child goes by: \_\_\_\_\_

Nanny's Name and Phone Number: \_\_\_\_\_  
\_\_\_\_\_

Siblings and ages: \_\_\_\_\_  
\_\_\_\_\_

Which siblings live at a different address? \_\_\_\_\_

Has your child been in any play group experience? \_\_\_\_\_

How does your child react to group situations? \_\_\_\_\_  
\_\_\_\_\_

Describe your child's personality. \_\_\_\_\_  
\_\_\_\_\_

Any fears? (loud noises, furry things, etc.) \_\_\_\_\_  
\_\_\_\_\_

Does your child normally nap? \_\_\_\_\_ When? \_\_\_\_\_

Any Testing or Evaluations Done (speech, hearing, etc.) \_\_\_\_\_  
\_\_\_\_\_

Anything else we should know? (new baby, biting, aggressive behavior, traveling  
parent, illness of relative, etc) \_\_\_\_\_  
\_\_\_\_\_

**I have read, understand, and agree to abide by the policies of the  
Play Day Out Program as stated in the Handbook.**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Please rank order of your preference for use of PDO:**

- Monday, Wednesday, Friday
- Tuesday, Thursday

**Please feel free to discuss your concerns with us. We are here for you!**

- Interested in serving on the Parents Advisory Committee?
- Member of Ladue Chapel Presbyterian Church?
- Current or returning family to PDO?
- New family (never had a child attend PDO in the past)?

**Mail to: Play Day Out · Ladue Chapel Presbyterian Church  
9450 Clayton Road · St. Louis, MO 63124**