

Children's Day Out Registration Form

First Baptist Church- Midland, Texas

2025-2026

Child's Full Name: _____ M ___ F ___ (check one) Date of Birth: _____

Home Address: (street) _____ (zip code) _____

Father's Name: _____ Cell # _____ **at&t / verizon / sprint /other:** _____

Father's Employer: _____ Work # _____

Email Address: _____

Mother's Name: _____ Cell # _____ **at&t / verizon / sprint /other:** _____

Mother's Employer: _____ Work # _____

Email Address: _____

Emergency Contacts (**other than parent**):

1. _____ Phone # _____

2. _____ Phone # _____

Physician's name: _____ Phone # _____

Church member: First Baptist Church: yes / no Other: _____

Anyone other than parents / emergency contacts that are allowed to pick up my child:

1. _____ Phone # _____

2. _____ Phone # _____

3. _____ Phone # _____

List any information we should know about your child including Allergies/ Meds/Medical

Is your child potty trained?

Trained

Not Yet Trained

In Process

Agreements

I have received and read the First Baptist Children's Day Out Parent Handbook, and I agree to follow the procedures and guidelines as stated in the Parent Handbook.

Parent's Signature: _____ Date: _____

I give CDO permission to photograph and record my child and post it on social media pages and webpage.

Parent's Signature: _____ Date: _____

I give CDO teachers permission to photograph and record my child and send pictures in the classroom chat that is shared with parents from their classroom.

Parent's Signature: _____ Date: _____

I understand that I will be assessed two fees upon registration of FBC Children's Day Out. The registration fee of \$125 is non-refundable. The security fee is a one-time fee that will be held as long as my child is in the program and will be refunded if a request is made by form in the CDO office 30 days prior to my child not returning to the program. All requests for children not attending the 2025-2026 school year must be made 30 days prior to the first day of school, or 30 days prior to leaving at any point during the school year.

Parent's Signature: _____ Date: _____

I acknowledge that CDO will not take any requests for classes, teachers or friends. **NO EXCEPTIONS!** Placement will be decided by the director's discretion based on the child's DOB and classroom dynamics. Please do not have assumptions or expectations of the class that your child will be placed in.

Parent's Signature: _____ Date: _____

Office Use: Date Registered: _____ Registration Fee Paid: _____ Security Fee: _____

Shot Records: _____ Date Entered Into ProCare: _____