



Office Use Only

Day _____ Class _____

Enrollment Date _____

Wellshire PDO Registration 2017 –2018

Student Information

Last Name _____ First Name _____ Birthdate _____ Sex _____

Parent / Guardian

Name _____ Relationship to Student _____

Address _____

Cell Phone _____ Home Phone _____

Email Address _____

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

Employer _____ Employment Address _____ Work Phone _____

Parent / Guardian

Name _____ Relationship to Student _____

Address _____

Cell Phone _____ Home Phone _____

Email Address _____

Wellshire PDO will email the program's monthly newsletter and reminders to address 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 _____

Wellshire PDO, 2999 S. Colorado Blvd., Denver, CO 80222, 303-691-0346, www.wpcdenver.org/pdo/

BOTH SIDES OF THIS FORM MUST BE FILLED OUT COMPLETELY FOR YOUR CHILD TO BE REGISTERED IN OUR PROGRAM

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

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 _____

Does your child have any life-threatening allergies that require medication? _____

Does your child have dietary restrictions, or any chronic health condition, or special need? _____

Is your child current on his/her immunizations? _____

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 arises. 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 _____

Tuition and Fees

The 2017-2018 school year runs September 5 through May 25. Class is held Monday -Friday. Every day of the week's class attends 34 times during the school year. **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.

- Individual student registration fee 2017-2018 —\$60
- Monthly 2017-2018 tuition- 1 day a week attendance \$130
2 day a week attendance \$260

The registration fee and September's tuition are paid by check or cash and are due at the time of enrollment along with this completed and signed form. The registration fee and September's tuition will NOT be refunded if your child drops out of the program at any time.

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