CLAPPS CHAPEL PARENTS' DAY OUT REGISTRATION FORM

(2026–2027 School Year)

1. CHILD INFORMATION

- **Full Name:** _____
- **Preferred Name/Nickname:** _____
- **Date of Birth:** ____ / ____ / _____
- **Gender:** ☐ Male ☐ Female
- **Home Address:** _____

- **Primary Phone:** _____
- **Email Address:** _____

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2. ENROLLMENT DETAILS

- **Desired Start Date:** ____ / ____ / _____
- **Has your child ever attended a structured program?** ☐ Yes ☐ No
  If yes, where and when? _____

  May we contact them? ☐ Yes ☐ No
- **Has your child ever been denied enrollment or re-enrollment?** ☐ Yes ☐ No
  If yes, please explain: _____

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3. PARENT INFORMATION

- **Name:** _____
- **Relationship:** _____
- **Phone Number(s):** _____
- **Place of Employment:** _____

- **Name: _____**
- **Relationship: _____**
- **Phone Number(s): _____**
- **Place of Employment: _____**

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4. APPROVED FOR PICKUP (please indicate (*) if one is the emergency contact after parents)

- **Name: _____**
- **Relationship: _____**
- **Phone Number(s): _____**
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- **Name: _____**
- **Relationship: _____**
- **Phone Number(s): _____**
-
- **Name: _____**
- **Relationship: _____**
- **Phone Number(s): _____**

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5. PHYSICIAN AND INSURANCE INFORMATION

- **Physician: _____**
- **Phone: _____**
- **Preferred Hospital: _____**
- **Insurance Provider: _____**
- **Policy Number: _____**

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6. MEDICAL INFORMATION

- **Allergies (include reaction): _____**
- **Current Medications: _____**
- **Special Needs/Conditions: _____**
- **Is child receiving any treatment/therapy (e.g., speech, OT)?** ☐ Yes ☐ No
  If yes, explain: _____

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7. STUDENT DEVELOPMENT & HISTORY

Speech & Physical Growth

- Does your child talk? ☐ Well ☐ Fairly Well ☐ Not Very Well
- Does your child walk? ☐ Well ☐ Fairly Well ☐ Not Very Well

Recent Life Events (Past Year)
Has your child experienced:
☐ Birth of a sibling
☐ Moving
☐ Change of school
☐ Serious illness (child or family member)
☐ Death in family
☐ Divorce of parents
☐ Other: _____

Behavior Habits

- Finger sucking, nail biting, etc.: _____
- Known fears: _____
- Is your child usually happy? ☐ Yes ☐ No
- Does your child cry easily? ☐ Yes ☐ No
- Reaction to strangers: ☐ Well ☐ Fairly Well ☐ Not Very Well
- How does your child play at home? _____
- Does your child have social interaction with other children? ☐ Yes ☐ No
  If yes, how? _____
- Does your child usually get their way with others? ☐ Yes ☐ No
- Is it hard for your child to:
  ☐ Share? ☐ Yes ☐ No
  ☐ Take turns? ☐ Yes ☐ No
- Methods of discipline used: _____
  Most effective: _____

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8. DAILY HABITS

Eating Habits

- Can your child feed themselves? ☐ Yes ☐ No
- Eating habits/difficulties: _____
- If child refuses to eat, how is it handled? _____

Toilet Habits

- Is your child potty trained? ☐ Yes ☐ No
- Do they tell you when they need to go? ☐ Yes ☐ No
- Any toileting habits we should know? _____

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9. FAMILY & CHURCH INFORMATION

- **Family Church: _____**
- **Attend Regularly?** ☐ Yes ☐ No

Other Children in the Family

Name	Gender	Age	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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10. PERMISSIONS & RELEASES

- **Photo Release: Occasionally we will use pictures for promotion in house or on the web. No names will ever be used, images only. Do we have your permission to use your child's image?** ☐ Yes, I give permission ☐ No, I do not give permission

- **Emergency Authorization:**
  I give permission for my child to receive emergency medical care if necessary.
  Signature: _____ Date: ____ / ____ / _____

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11. ENROLLMENT AGREEMENT & FEES

- I agree to pay the registration fee of $50.00 (non-refundable).
- I understand tuition is $155.00 per month, due by the 10th of each month.

Parent/Guardian Signature: _____ Date: ____ / ____ / _____

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12. OFFICE USE ONLY

- Date Received: ____ / ____ / _____
- Registration Fee Paid: ☐ Yes ☐ No
- Notes: _____
