



Date	_____
Fee paid	_____
Number	_____

## Grace United Methodist Church PARENT'S DAY OUT APPLICATION 2025-2026

**Non-Refundable Application Fee:**

Grace UMC Member- \$75, additional \$25/family and/ or second day  
Non-Church Member - \$100, additional \$25/family and/or second day

◆**Make checks payable to:**  
**Grace United Methodist Church**

**What days are you available to use the program?**  
Please indicate 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> choice where offered.

**Tuition:**

**Tuition fee is \$32.00 per day, per child and is paid monthly - (the # of days x \$32.00)**

- 1-2 years** 9/2/23 – 9/1/24 T\_\_W\_\_TH\_\_
- 2-3 years** 9/2/22 – 9/1/23 T\_\_W\_\_TH\_\_
- 3-4 years** 9/2/21 – 9/1/22 T\_\_W\_\_TH\_\_
- 4-5 years** 9/2/20 – 9/1/21 T\_\_TH\_\_

**(\*\*Days offered might change due to enrollment\*\*)**

**Yes, I am interested in having my child attend a second day if there is availability. (2's, 3's & 4's classes only)**  
(A second day in the 1's class may be offered in October 2025, based on enrollment.)

**Last Name:** \_\_\_\_\_ **First:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_  **Boy**  **Girl**

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_ **Home Phone #:** \_\_\_\_\_ **Work Phone #: Mother** \_\_\_\_\_ **Father** \_\_\_\_\_

**Mother's Name & Cell #:** \_\_\_\_\_ **Father's Name & Cell #:** \_\_\_\_\_

Are you a member of Grace UMC? Yes  or Other Church Affiliation: \_\_\_\_\_

**Physician:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Physician's Address:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

Please list below all persons authorized to pick up your child from Parent's Day Out. In the event we are unable to reach you if your child becomes ill or injured at PDO, this list also serves as your Emergency Release Authorization. Photo ID may be required from the person picking up your child.

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Relationship w/child:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Relationship w/child:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Relationship w/child:** \_\_\_\_\_

Please list any special dietary needs, allergies, medical concerns and/or comments about your child that will be helpful to us in providing quality care for him/her: \_\_\_\_\_

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**Grace Parent's Day Out Rules:**

- 1) I have read the Grace United Methodist Church Parent's Day Out brochure. I have read and signed the Participant Waiver, which will be included in my child's registration materials.
- 2) I fully understand the policies and procedures of the Grace United Methodist Church Parent's Day Out program and agree to cooperate, follow, and abide by them in spirit and action.
- 3) I understand that this is a Christian program with Bible story time and a prayer/ blessing before snack and lunch.
- 4) I understand that Grace United Methodist Church Parent's Day Out is not responsible for my child until he/she has been placed in the personal care of their teacher. The child is the parent's responsibility before being dropped off (signed-in) and after the child has been picked up (signed-out)
- 5) I understand that Grace United Methodist Church Parent's Day Out will not be held responsible for any illness that may occur due to perishable items that have been placed in my child's lunch.
- 6) I understand that if my child is enrolled to attend one to two times per week, that I can use a security code with the security door system for the Grace United Methodist Church Parent's Day Out program. I will be informed of my personal security code within two weeks after the PDO start date. Continuing Parent's Day Out families will be able to use their code from **2024-2025**. I understand that this **code is for parent/guardian use only** and ***is not to be given out to relatives, friends, and neighbors.***
- 7) I understand that Grace United Methodist Church Parent's Day Out operates as a peanut/nut free program.
- 8) I understand that tuition is due on the first day of my child's attendance each month and that a \$10 late fee will incur if tuition is paid after the 10th of the month.
- 9) I understand that Grace UMC will have access to the information contained herein

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Photography Approval**

Throughout the year, photographs may be taken of the children and their teachers for our internal use only on bulletin boards and to share with our families. Photographs will also be taken during our fall Picture Days using a professional photographer.

I give my permission for my child, \_\_\_\_\_ to be photographed at Grace United Methodist Church Parent's Day Out.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Authorization for Emergency Medical Care:**

In order to meet all legal requirements, I hereby authorize

**Becky Clark, Director                  Stephanie Smith, Assistant Director                  Grace PDO Teaching Staff**

representatives of Grace United Methodist Church Parent's Day Out, to give consent for any and all necessary emergency medical care for my child, \_\_\_\_\_, while said child is in said individuals' custody.

The child's Certificate of Child Health Examination Record may be made available to the Emergency Room Staff.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Grace Parent's Day Out**  
Grace United Methodist Church  
300 East Gartner Road  
Naperville, IL 60540

PARTICIPANT WAIVER, RELEASE OF ALL CLAIMS, AND HOLD HARMLESS AGREEMENT

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Name of Participant (Please Print)

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Address

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Phone

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Email address

PLEASE READ CAREFULLY

Please read this form carefully and be aware that, in participating in any activity/program on the grounds of GRACE UNITED METHODIST CHURCH you will be waiving and releasing all claims for contagious illness, injuries and/or loss, damage of personal property arising out of time here that you or other named participants might sustain. The "I," "me," and "my" also refer to parents or guardians as well as participants in the programs. In participating in any activities/programs or related event, you are agreeing as follows:

As a participant, I recognize and acknowledge that there are certain risks of upon entering the building, and I agree to assume full risk of any contagious illness, injuries, damages or loss, which I may sustain because of participating, in any manner, in any/all activities connected with or associated with such activities/programs. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risks or injury.

I agree to waive and relinquish any and all claims I may have as a result of participating in Parent's Day Out against GRACE UNITED METHODIST CHURCH, any/all independent contractors, officers, agents, servants and employees of GRACE UNITED METHODIST CHURCH; and any and all other person(s) and entities, of whatever nature, that might be directly or indirectly liable for any contagious illness and/or injuries that I might sustain while participating in these activities/programs.

The parties described in the preceding sentence are referred to as "released parties" in the remainder of this Agreement.

I further agree to indemnify, hold harmless and defend GRACE UNITED METHODIST CHURCH and any of the other released parties from any and all claims resulting from contagious illness, injuries, damages and losses sustained by anyone, and arising out of, connected with, or in any way associated with my conduct and the activities of these programs.

I further understand and agree that the terms such as "participation," "programs," and "activities" referred to in this Agreement include all activities of any nature while I am participating in these programs and further include the provision of or failure to provide proper instructions or supervision, the use and adjustment of any and all machinery, equipment and apparatus, and anything related to my use of the services, facilities, or premises involved in these programs, and transportation to and from any events.

I understand the nature of the events and activities for which I am registering, and have read and fully understand this Waiver, Release and Hold Harmless Agreement. I further understand that any advisements or warnings of the particular risks of these programs that I subsequently receive will be incorporated by reference into and become part of this Agreement.

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Signature of Participant, or Parent or Guardian if Participant is Under the Age of 18