



PARENT'S DAY OUT APPLICATION 2017-2018

A non-refundable \$30 registration fee must accompany this form.

CHILD'S NAME _____

BIRTHDATE _____ AGE _____ MALE _____ FEMALE _____

PARENT 1 NAME _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ OTHER _____

EMAIL ADDRESS _____

EMPLOYER _____ OCCUPATION _____

PARENT 2 NAME _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ OTHER _____

EMAIL ADDRESS _____

EMPLOYER _____ OCCUPATION _____

PROGRAM OPTIONS

_____ M/W/F 9:00-11:30

_____ T/TH 9:00-11:30

_____ M-F 9:00-11:30

- **Children must be 20 months old by August 23, 2017 to enroll in PDO.**

Parent's Signature _____

Date _____

FOR OFFICE USE ONLY

Date Received _____

Registration fee _____

Received by _____

Days Enrolled _____

I/C _____



48 E. N. Broadway Columbus, Oh 43214
p (614) 262-6222 f (614) 268-2115
northbroadway48@att.net

