

Deposit _____
Date Submitted _____
Photos Y/N _____



2026-2027 School Year Enrollment

(Placement is Based on First Come, First Served)

I would like to enroll my child, _____ In the Children's Day out Program at St. Marks for the 2026-2027 school year.

Your Child's age as of September 1st, 2026: _____ Birthday: _____

Select Enrollment Days:

I'd like my child to attend:

- ☐ 1 Day ☐ Monday ☐ Tuesday ☐ Thursday
☐ 1 Days ☐ Monday/Tuesday ☐ Tuesday/Thursday ☐ Monday/Thursday
☐ 3 Days ☐ Monday /Tuesday/ Thursday

2026-2027 School year Prices	
Non-Refundable Application Fee	\$50 (\$75 per family)
3 Days	\$305/Month
2 Days	\$235/Month
1 Day	\$145/Month
Supply Fee	\$50/1x per year.
One Day Drop In fees (If class has availability)	\$40 per drop in
Sibling discount	10% off each additional Child

- Enrollment is on a first come first served basis with priority given to those enrolling more than one day and current students.
- To enroll your child please return this form and non -refundable registrations fee deposit of \$50 per child of \$75 per family for the 2026-2027 school year. Your spot is not secured until deposit is received.
- We reserve the right to place your child in the most age-appropriate class according to their birth date and abilities. Child can move classes mid-year if we feel it is needed.
- If you have any questions, feel free to contact Tracy Rogers at 405.789.9033 or tracy@stmarksbethany.com

Guardian Name: _____ Phone: _____
Mailing Address: _____
Email Address: _____



Child Enrollment/Medical History 2026-2027

Child's Full Name: _____

Birthdate: _____ Home Phone: _____

Address: _____

City: _____ Zip Code: _____

Father's Name: _____ Employer: _____

Work Number: _____ Cell Phone: _____

E-mail Address: _____

Mother's Name: _____ Employer: _____

Work Number: _____ Cell Phone: _____

E-mail Address: _____

Who is the Custodial parent? _____

Person(s) who would assume responsibility for child in an emergency when we would be unable to contact parents.

Name: _____ Number: _____ Alt Number: _____

Name: _____ Number: _____ Alt Number: _____

Has your child previously been enrolled in a childcare program before? _____

How did you hear about us? _____

Do you currently attend a church? _____

Child's Medical History

Is there any evidence of hearing loss or difficulties? _____

Vision difficulties: _____ Speech Difficulties: _____

Physical Limitations: _____

Any recent serious illness or hospitalizations: _____

Are Immunizations up to date (If no, please indicate reason)? _____

Please list any other medical concerns you would like us to know:



Medical Release and Authorization Form

August 2026- July 2027

Below is a permission slip and medical release form for St. Marks CDO from August 2026 through July 2027. This blanket permission slip will cover all CDO activities that will occur from August 2026 through July 2027. It is the Parents' responsibility to inform CDO staff of any activity you do now wish for your child to participate in. Please sign and return it with enrollment forms.

A separate form is required for each child.

I hereby give consent for _____ to participate in an activity sponsored by CDO, and by giving consent, I/we hereby agree to release and hold harmless St. Marks Children's Day out, its director, and/or teacher or other authorized representatives from any and all liability of whatsoever kind and nature which may be incurred as a result of the above named child participating in such activity. If I do not wish for my child to participate on a particular activity, I will notify the program director before said activity is to take place.

PARENT OR LEGAL GUARDIAN OR REPRESENTATIVE

Emergency Information

This information will only be used if we have to take your child to the hospital. We will always contact you in the event of an emergency situation.

Physician: _____

Physician's Number: _____

Hospital choice: _____

Primary Insurance Information

Insured's Name: _____

Address: _____

Phone Number: _____

Insurance Company: _____

Address of Company: _____

City: _____ State: _____ Zip: _____

Policy Number/Plan Number/ Group Number: _____

Medical Release Form

In the event of illness or accident, which requires immediate medical treatment at a time when a parent cannot be located, I give permission for St. Marks CDO to provide such emergency treatment to the best of their ability. I will not hold the school or medical personnel responsible. I understand my child will be taken to the nearest emergency facility and I give my permission for the medical personnel to provide any emergency treatment. This is done with the understanding that every attempt will have been made to contact a parent and other persons listed for emergency contact.

Parent/Guardian Print: _____ Date: _____

Parent/ Guardian Signature: _____



Social Media and Photo Release

- ☐ I, _____, give my consent to CDO to use any photographs or video productions including my child in their promotional publications. I also consent to my child's photos being posted on social media for promotion information.

Child's Name _____

Signed _____ Date _____

- ☐ Please do not use my child's picture for any promotional publications for CDO or social media.

Child's Name _____

Signed _____ Date _____



CDO

Office Copy

To ensure the safety and security of your child, we will not release your child to anyone who has not been authorized by you to receive the child. If anyone other than the parents WILL pick your child up, you MUST notify the CDO director, and they will also need to be listed on your authorization sheet. At the time of pick up, they must show proper identification at the desk. In the event that the parent. Guardian is not picking up, you must notify CDO of who is being sent in your place. We will not release any child to any other person without prior notice.

Anyone that we do not recognize, even off the approved pick-up list, we will ask to see their ID.

I, _____ (parent) authorize the following person(s) to pick up my child in the event that I have given prior notification to the CDO office.

Signature _____

Name:	Address:	Phone #	Relationship to child.
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

CDO

Teacher Copy

To ensure the safety and security of your child, we will not release your child to anyone who has not been authorized by you to receive the child. If anyone other than the parents WILL pick your child up, you MUST notify the CDO director, and they will also need to be listed on your authorization sheet. At the time of pick up, they must show proper identification at the desk. In the event that the parent. Guardian is not picking up, you must notify CDO of who is being sent in your place. We will not release any child to any other person without prior notice.

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I, _____ (parent) authorize the following person(s) to pick up my child in the event that I have given prior notification to the CDO office.

Signature _____

Name:	Address:	Phone #	Relationship to child.
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____



Financial Agreement/Policies/Parent Need to Know

I understand that CDO tuition payments are made monthly and are due no later than the 15th of each month. I understand that CDO take the average of the whole year and creates a standard Monthly rate regardless of days each month. The rate given is the standard because it is calculated from August 2026 to May 2027 CDO is in session. I know that if my payment is not made prior to the 15th, I will receive a **\$20 late fee**.

I understand pick up is at 2:00, and any child that is not picked up by 2:05 you will be charged a dollar a minute until caregiver arrives.

We Strive our best to make sure your child has everything they need and create the same environment as you would at home. We ask that you LABEL everything for the teacher so that they can make sure all the child's items make it home. We are not responsible for lost items.

Attendance

Our staff is truly concerned about your children. Please let us know if your child is sick or is going to be absent. If your child is absent on their registered day, there are no makeup days or swapping enrolled days. If you need extra days other than the one(s) registered for you can talk to the office to see if there is availability and pay the drop-in rate of \$40 (which will be due that day). If you need to make permanent changes to the child's enrollment days, please communicate with the director so we can adjust according to availability of the classroom.

Health

If your child has a temperature of 100 or higher, we will send them home due to our illness policy. Please keep sick kids home to prevent the spread of illness. If your child is sick, please notify the director.

Lunch

You will need to provide your child with a drink and cold sack lunch (babies formula, breastmilk etc). We ask that you prepare the foods just as you would at home (i.e., please chop up grapes and larger items).

Bentgo boxes (or some form) are excellent for the classes, so teachers don't have to open each food item.

SNOW DAY POLICY

Credits are NOT issued for snow days.

If Putnam City Schools are closed, we will use this as a guideline, but NOT a determining factor. If you see Putnam City Schools closed, then check the CHURCH listings. We will only post if we are CLOSED it will look like the following:

ST. MARK'S BETHANY Day classes closed

I have read the above statements and fully understand everything that is stated. I agree to the financial commitment and the policies in the program.

Parent/Guardian Print: _____ Date: _____

Parent/ Guardian Signature: _____



Child's Information Form (For your child's teacher)

Child's Full Name: _____

Nickname: _____

Birthdate: _____ Sex: _____

Father's Name: _____

Mother's Name: _____

Parent's Marital Status: ☐ Married ☐ Divorced ☐ Other: _____

Siblings:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Other Adults in family residence:

Healthy Condition: ☐ Excellent ☐ Good ☐ Fair

Food allergies: _____

Other allergies: _____

Eating Habits: _____

Sleep and nap habits: _____

What problems does your child have that concerns you most?

What are of the ways your child plays at home? _____

Special Interest: _____

Favorite Foods: _____

Does he/she play well with other children: _____

How does he/she react when he/she does not get his/her way? _____

Other comments you think will help teachers work with your child:



Need To Know

1. Communication

- a. We communicate through email and our church center app, please email us with any questions, any absences/illnesses. Please make sure to email tracy@stmarksbethany.com.

2. Payments

- a. We ask that you pay prior to the 15th, invoices are sent out electronically and can be paid straight from the invoice. Or you may pay by check or money order. We DO NOT accept cash. A \$20 late fee is automatically applied on the 16th.

3. Drop-in Fee

- a. If you are NOT enrolled in all 3 days but are registered for 1 or 2 days, you can drop in any of the other days IF we have room. The drop-in fee is \$40 and must be paid the day of drop in.

4. We love donations of all thing's art supplies, paper plates, crafts, stickers, toilet paper rolls, craft sticks, washable paint, glue sticks, scissors etc.

First Day check list.

(Label everything)

- ☐ Enrollment packet and deposit.
- ☐ Backpack with extra clothes, diapers, underwear
- ☐ Sippy cup/ water cup or bottle (please refrain from colored juices)
- ☐ Cold lunch (we cannot heat up the child's food, cut it up like you would at home, and please don't send chock able items like popcorn or uncut hotdogs.
- ☐ Nap Mat
- ☐ Lovey (Something they may need for nap time like paci, soft toy, favorite blankey)
- ☐ For cold months please bring a jacket
- ☐ Ensure we have your correct email.
- ☐ Remember tuition is due by the 15th of each month and Pizza Day is the last Thursday of each month (\$4 for pizza)

KEEP THIS PAGE AT HOME