22W415 Butterfield Road Glen Ellyn, IL 60137-7164

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Web: http://www.barnabasencourager/pdo



## Enrollment Information - Emergency Authorization 2024 - 2025

loday's Date		
Child/Children's Name(s)		Goes by
Date of Birth		Sex M F
Requested Participation Day(s) Summer		Fall
Parent's Names		
Home Phone	Email Address	
Mobile Phone/s to u	se for daily communication	
Home Address		
Persons authorized t	o pick up my child:	
Name	Address	Phone
Name	Address	Phone
Name	Address	Phone
authorize the staff of S	t. Barnabas Parent's Day Out to take m	be. In case of emergency, accident or illness, I by child to the nearest hospital for emergency persons if I cannot be reached. Parent's Initials
Name	Address	Phone
Name	Address	Phone
Child's Physician	Address	Phone
Known Allergies		
Parent's Signature		Date