

**FOR PDO ONLY**



OFFICE USE  
Rec'd \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**REGISTRATION FORM 2025 - 2026**

**PARENTS DAY OUT**

CHILD'S LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

NAME CHILD GOES BY \_\_\_\_\_ GENDER M F

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE CHILD WILL BE ON SEPT 1: \_\_\_\_\_ YEARS \_\_\_\_\_ MONTHS

PARENT OR LEGAL GUARDIAN \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

PARENT OR LEGAL GUARDIAN \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

UPON RECEIPT OF THIS FORM, AN ACCOUNT IN KANGAROO TIME WILL BE CREATED. KANGAROO TIME IS THE ONLINE PLATFORM THAT YOU WILL USE TO CHOOSE YOUR PDO DAYS, PAY FOR ENROLLMENTS, AND ENTER EMERGENCY CONTACTS. YOU WILL RECEIVE AN EMAIL WITH INSTRUCTIONS ON HOW TO USE YOUR KANGAROO TIME ACCOUNT.

**ENROLLMENT FOR PDO IS:**

- FIRST COME FIRST SERVED.
- CAN BE MADE UP TO 180 DAYS IN ADVANCE AND THEN PROCEED TO BE MADE AS DAYS CONTINUE TO OPEN
- PAYMENT FOR PDO IS MADE ON A MONTHLY BASIS
- STUDENTS WHO USE PDO MAY ALSO USE THE EARLY DROP OFF AND ENRICHMENT PROGRAMS
- \$34/DAY
- THERE ARE NO REGISTRATION FEES FOR PDO

**REQUIRED FORMS**

- CURRENT HEALTH PHYSICAL
- CURRENT IMMUNIZATION RECORD
- SIGNED PERMISSION FORM
- COMPLETED ASTHMA AND/OR ANAPHYLACTIC CARE PLANS (if applicable)

PDO – 9AM-1PM – MONDAY, TUESDAY, THURSDAY, FRIDAY - \$34/DAY

ENRICHMENT – 1PM-3:30PM – MONDAY-FRIDAY - \$22/DAY

EARLY DROP OFF – 8AM-9AM – MONDAY-FRIDAY - \$11/DAY

PLEASE RETRUN COMPLETED FORMS TO [ATCPK@BROOMFIELDUMC.ORG](mailto:ATCPK@BROOMFIELDUMC.ORG)

## Family & Developmental History

This information is to be used to help place your child and by the classroom teacher to help them understand the needs of your child. All information will be handled in a confidential manner.

**Child's Name:** \_\_\_\_\_

Marital Status of Parents:

Married      Divorced      Other

Are there any special family circumstances that it is important for us to know?

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Siblings:

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Grade in School \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Grade in School \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Grade in School \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Grade in School \_\_\_\_\_

Additional members of the household other than parents and siblings (include relationship and age):

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### Developmental History

Is there anything relevant about the birth of your child that is important for us to know (ie. adoption, premature birth, complications at birth affecting the development of the child, etc.)?

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At what age was child toilet-trained? \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ Not Yet

Does child have their own bedroom? \_\_\_\_\_ if shared, with whom?

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Who cared for child other than parents?

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Has child had group play experience? \_\_\_\_\_ Where?

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Who are your child's regular playmates?

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What is your child's bedtime? \_\_\_\_\_ Does child sleep well? \_\_\_\_\_ Does your child nap? \_\_\_\_\_

Favorite indoor play activities \_\_\_\_\_

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Favorite outdoor play activities \_\_\_\_\_

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Does your child have any special fears that you are aware of?

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What methods of discipline do you use in your home?

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What is child's usual reaction to discipline?

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Describe your child's personality.

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Is a language other than English spoken at home? If so, what?

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