Settle Memorial PDO

Summer 2025 Registration Information

Early Room: 8:00am-9:00am (cost is \$3.00 per child)

Session Time: 9:00am-12:30pm

Days: Monday, Wednesday, Friday

Ages: Infants (at least 6 weeks) to school age children

Cost: \$25.00 per child, (\$8.00 per additional child per family)

*There is a registration fee of \$50.00 per family and a supply fee of \$30.00 per child per semester.

Early room is available every morning for an additional cost of \$3.00 per child. You do not have to sign up for this, you can use it as needed as long as you stay within the 10 hour per week limit.

*You are required to pay for the days you are registered for, regardless if you attend or not. If the PDO program is closed, you are not charged for those days.

• To collect fees in a timely manner, all payments will be due on the 2nd and 4th Fridays of the month with a \$15 late charge if payment is not received in full at that time.

*There will be a late fee assessed to anyone past 12:30, \$2.00 per minute, per child. Please take into consideration that our workers have other places to be, appointments, children of their own, school, other jobs, etc. Thanks for your understanding of this matter.

*There is a \$35.00 returned check fee if your check happens to be returned. If it happens more than once, you will be asked to use another method of payment.

*Please send a nut free lunch with your child each day and a change of clothes with your child's name on it that we may keep in your child's room.

In Christ,

Aimee Keith

Aimee.settleumc@gmail.com

Children's Director

Settle Memorial Methodist Church

Settle Memorial Parent's Day Out

2025 Summer Registration

Session Time: 9:00am-12:30pm Days: Monday, Wednesday, and Friday (Circle the day/days you want) Cost: \$25.00 per child, per day (\$8 per additional child from same family per day) Registration fee: \$50.00 per family Supply fee: \$30.00 per child *please send a nut free lunch with your child each day and an extra set of clothes with their name on them to leave in your child's classroom. Information Child's name______ birth date ____current age ____ Known allergies_____ potty trained (yes or no) Mother's name______ phone # _____ Father's name_____phone #____ Address_____ City___ Zip____ Email_____ 1st emergency contact #_____ 2nd emergency contact_____#___ (Parents will be notified first if there is an emergency. List the next person you want to be contacted.) *Monday Session____ Wednesday Session____ Friday Session____ *You are required to pay for the days that you are registered for regardless if the Child is present. Early room is available for an additional \$3.00 and doesn't need registration; you can use it at your discretion as long as you stay within the 10 hour per week limit. Yes or No, (please circle one) I give permission for my child to be photographed during PDO and the photographs be used at the church's discretion.

Signature

date