

Emergency Contact Information:

Name: _____ Relationship to Child: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Work: _____

Please list names of people whom you trust to pick up your child(ren), anyone not listed on this form will not be allowed to pick up your child(ren)

Authorized Pick Up and Contact Information: _____

CKDO offers a 20% sibling discount

Please mail completed application and \$35.00 nonrefundable application fee to:
(One application fee per family)

Covenant Kid's Day Out
P.O. Box 998
Castle Rock, CO 80104
303-482-1459
Email. Kidsdayout@covenantchuchcr.org
Attention: Jenifer Prosser

I have read and understand the Covenant Kid's Day Out policy and procedure handbook. I agree to abide by the policies and procedures as outlined. I agree that the information contained in the enrollment application is correct.

(Parent/Guardian Signature)

(Date)