

**Northbrook UMC**  
**Parent's Time Out (PTO)**  
**Registration**

Name of 1<sup>st</sup> Child: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of 2<sup>nd</sup> Child: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Name of Mother: \_\_\_\_\_

Phone Numbers: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Name of Father: \_\_\_\_\_

Phone Numbers: (H) \_\_\_\_\_ (C) \_\_\_\_\_

In case of emergency contact: (Please include name and phone number)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Please list names and phone numbers of persons allowed to pick up child (they will be asked to show and ID)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Allergies or medical conditions: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Guidelines (Please initial next to each one):

1. I understand that my reservation is NOT confirmed until I email [pto@northbrookumc.com](mailto:pto@northbrookumc.com) with the desired date and receive a confirmation email. \_\_\_\_\_
2. I understand that payment will be required at drop-off on the date of my child's reservation. Payment is required unless you cancel the reservation within 48 hours of the reserved date. There is only 1 "grace" day where payment will not be required for not cancelling within the cancellation window. \_\_\_\_\_
3. I understand that reservations need to be made with a minimum of 3 days in advance or the requested reservation may be denied. (PTO tends to fill up quickly; register as far in advance as possible to assure your child's spot.)  
\_\_\_\_\_
4. I understand that if there are less than 3 children signed up, the session for the day will be canceled. \_\_\_\_\_
5. I understand that my child will NOT be released to anyone but myself or my spouse unless noted on the pick-up list. \_\_\_\_\_
6. I understand that my child will be placed in a room with children ages 1-5 and 2 childcare workers will be present at all times. \_\_\_\_\_
7. I understand that the earliest DROP-OFF time is 9:00 AM and the latest my child can be picked up is 1:10 PM (we will start charging a \$5 late fee every 10 minutes after). \_\_\_\_\_
8. I understand the fees required for this service (\$35 single session, \$50 session for siblings, \$230 for 8 prepaid sessions-reservations still required). \_\_\_\_\_
9. I understand attendance per child, is limited to no more than four (4) hours per day; eight (8) hours per week, per Exemption Category five (5) criteria.  
\_\_\_\_\_
10. I understand PTO is not a licensed program. \_\_\_\_\_
11. I understand PTO carries liability insurance. \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_