

Parent's Day Out



St. Louis Catholic Church

203 White Station Road
Memphis, TN 38117
Director - Jana Soefker
901-255-1963

Office Use Only:

Date Submitted: _____

Reg. Fee (\$150) _____

Immun. Form: () yes () no

Child's Name: _____ Name Goes By: _____

Date of Birth: ____/____/____ Child's Age at Registration: ____ Boy: ____ Girl: ____ Church Affiliation: _____

Allergies/Special Needs: _____

I give permission for St. Louis PDO to use photos of my child in PDO publications and/or promotional materials: () yes () no

I give permission for St. Louis PDO to release my name, address and phone number for party invitations, etc.: () yes () no

Father/Guardian Information

Father/Guardian Name: _____ Place of Employment: _____

Home Phone #: (____) _____ Work Phone #: (____) _____ Cell Phone #: (____) _____

Number to call first: (____) _____ Email address: _____

Home Address: _____ Street _____ City _____ State _____ Zip _____

Mother/Guardian Information

Mother/Guardian Name: _____ Place of Employment: _____

Home Phone #: (____) _____ Work Phone #: (____) _____ Cell Phone #: (____) _____

Number to call first: (____) _____ Email address: _____

Home Address: _____ Street _____ City _____ State _____ Zip _____

Emergency Contacts & Authorized Pick Up People

Name: _____

Home Phone #: _____

Cell Phone #: _____

Relationship to Child: _____

_____ (____) _____ (____) _____ _____

_____ (____) _____ (____) _____ _____

Doctor: _____ Phone #: (____) _____ Hospital Preference: _____

I, the undersigned, acknowledge that I am the natural parent/legal guardian of above child, and I have/share legal custody. If I can't be reached in an emergency, I authorize the above persons listed and/or St. Louis PDO personnel to obtain the necessary treatment for my child. I waive any claim of liability on behalf of St. Louis Church, the Diocese of Memphis or employees for accidents/injuries or for efforts to obtain treatment for my child. I give permission to call for emergency treatment and pickup by emergency personnel, as well as any necessary treatment for my child in my absence. I also agree to accept financial responsibility for all costs incurred.

Signature of Parent/Guardian

(Form continues on back)

Siblings			
<u>Name:</u>	<u>Age:</u>	<u>DOB:</u>	<u>Attends(ed) St. Louis PDO?</u>
_____	_____	_____	(<input type="checkbox"/>) yes (<input type="checkbox"/>) no
_____	_____	_____	(<input type="checkbox"/>) yes (<input type="checkbox"/>) no
_____	_____	_____	(<input type="checkbox"/>) yes (<input type="checkbox"/>) no

Please initial the following:

- ___ I understand that the **Enrollment Fee is non-refundable** and must be paid to secure space in the PDO program.
- ___ I will provide a current record of immunizations for my child, no later than the first day of attendance at St. Louis PDO.
- ___ I am aware that the tuition is due by the 10th of the month, **regardless of days missed** for illness, inclement weather, travel, etc.
- ___ A **two week notice** is required if I withdraw my child from the program, and all fees must be paid in full up until that date.
- ___ I understand that there are no reimbursements or refunds from St. Louis PDO.
- ___ I am aware that St. Louis PDO is not a licensed daycare program and is not required to be licensed by the state of TN as a child daycare agency.

Parent's Signature

Date