Day(s) P	referred:	T	W
Reg. Fee	: Amount I	Paid \$	
\$75 Reti	urning Fam	ilies \$100 N	lew Families
Cash	or	Check #	

## Parent's Day Out



## St. Louis Catholic Church

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

Office Use Only:				
Start Date: New Child: (		(	) no	
Spring Re-enroll:	(	) yes	(	) no
Immun. Form:	(	) yes	(	) no

Child's Name:		Nam	e Goes By:		
Date of Birth:/	Child's Age at Registration:	_ Boy: Girl:	Church Affiliation		
Allergies/Special Needs:			<u> </u>		
I give permission for St. Louis PDO to use I give permission for St. Louis PDO to release			100000	( ) no ( ) no	
Father/Guardian Information					
Father/Guardian Name:		Place of Employi	ment:		
Home Phone #: ()	Work Phone #: (	)	Cell Phone #: (	1	
Number to call first: ()	Email address: _				
Home Address:		. 8			
	Street	City	State	Zip	
	Mother/Guard	dian Information			
Mother/Guardian Name:		Place of Employ	/ment:		
Home Phone #: ()	Work Phone #: (	1	_ Cell Phone #: (	)	
Number to call first: ()	Email address:				
Home Address:					
	Street	City	State	Zip	
Name:	Emergency Contacts & A Home Phone #:	Cell Phone	#: <u>Re</u>	elationship to Child:	
	()				
		(	· · · · · · · · · · · · · · · · · · ·		
Doctor:	Phone #: ()		Hospital Prefere	nce:	
I, the undersigned, acknowledge that I authorize the above persons listed and/Church, the Diocese of Memphis or empland pickup by emergency personnel, as w	am the natural parent/legal guardian of a for St. Louis PDO personnel to obtain the loyees for accidents/injuries or for efforts well as any necessary treatment for my ch	necessary treatment for n s to obtain treatment for r	are legal custody. If I can ny child. I waive any clain ny child. I give permissio	't be reached in an emergency, I n of liability on behalf of St. Louis n to call for emergency treatment	
	Signature of	Parent/Guardian	(Form	continues on back)	

		Sibling	S			
	Name:	Age:	DOB:	Attends(ed) St. Louis PDO?		
		6		( ) yes ( ) no		
_				( ) yes ( ) no		
			· ·	( ) yes ( ) no		
Please	initial the following:					
		valuedable and must b	no naid to cocure chace in the PI	O program		
	I understand that the Enrollment Fee is	s non-retundable and must t	be paid to secure space in the Fi	OO 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 10 <sup>th</sup> of the month, regardless of days missed for illness, inclement weather, travel, etc.					
	A two week notice is required if I without	draw my child from the prog	ram, and all fees must be paid ir	n full up until that date.		
	I understand that there are no reimbur	sements or refunds from St.	Louis PDO.			
	I am aware that St. Louis PDO is not a l	icensed daycare program an	d is not required to be licensed	by the state of TN		
	as a child daycare agency.					
Parent's	s Signature			Date		