

**St. Peter Day Care Learning and Development Center**  
**1580 W. Ridgeway St.**  
**Jackson, Mississippi 39213-6521**  
**Phone: (601) 366-3713**

OFFICE USE ONLY



Enrollment Date \_\_\_\_\_  
Immunization From \_\_\_\_\_  
Birth Certificate \_\_\_\_\_  
Social Security \_\_\_\_\_  
Ending Date \_\_\_\_\_

**REGISTRATION FEE IS NON-REFUNDABLE**

**Registration Form**

Child's Full Name: \_\_\_\_\_

Name Child Goes By: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

Child's Home Phone Number: \_\_\_\_\_

**Parent or Guardian Information**

Father's Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Other Family Members living with child: \_\_\_\_\_

**Pick-up**

Persons authorized to pick up child: \_\_\_\_\_

Persons who may NOT pick up child: \_\_\_\_\_

**Emergency and Medical Information**

Whom should we contact in case of emergency (Please list at least two names, relationship and phone number.)

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

**Medical Information**

I give my consent to St. Peter Day Care to call (Dr. or Clinic) \_\_\_\_\_  
at the following number \_\_\_\_\_ or take my child to (Hospital) \_\_\_\_\_  
emergency room for medical care should an emergency arise. I understand that the day care will not be held  
liable for the cost of this care (ambulance and/or hospital bill).

Parent/Guardian Signature \_\_\_\_\_

**Student Personal History**

Are there any medical problems? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Are there any special foods or eating instructions? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Are there any sleeping or napping instructions? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

What words, if any, does the child use for toilet? \_\_\_\_\_

Does the child understand the difference between “yes” and “no”? \_\_\_\_\_

Has the child had previous group or preschool experience? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Give a brief description of a normal day in your child’s life: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your child’s favorite toy? \_\_\_\_\_

What are some of the things your child enjoy doing? \_\_\_\_\_

\_\_\_\_\_

What are your feelings regarding discipline? \_\_\_\_\_

\_\_\_\_\_

Are your child's immunizations up to date? \_\_\_\_\_ If not, we will need a letter from your physician stating why immunizations were not given. (This is a State requirement). If you have questions or you are not sure, please check with the Director before answering.

Please sign and date below indicating all information on this application is correct and understood.

Parent or Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Please notify the Director if any information on this application changes.**

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REQUIRED INFORMATION COMPLETE: \_\_\_\_\_

REQUIRED REGISTRATION FEE PAID: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PAYMENT AGREEMENT**

I understand that the payment plan I select will be strictly enforced. I also understand that these payments are the entire YEAR regardless of absences, holidays and/or vacation. In the event of my child absence from school I understand that his/her day care fees must still be paid. I understand that this is not the responsibility of St. Peter Day Care to remind me of my payment selection. Whatever payment I have selected will be binding.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please check payment plan:

\_\_\_\_\_  
Weekly  
(each Monday morning)

\_\_\_\_\_  
Monthly  
(1<sup>st</sup> of each month)

**FIELD TRIP PERMIT**

I hereby request and consent that my child \_\_\_\_\_ be permitted to participate in field trips with St. Peter Day Care. I understand these field trips are a part of the day care program and that my child may be transported by the bus and accompanied by an official staff person of the day. I also understand that the day care will not be held responsible for any injuries or damages occurring while on any field trip. In the event a claim is made, I agree to limit such claim to my child ratable share of any insurance proceeds, if any, available on any policy held by the day care whom such claim is made. I understand that if these terms are not acceptable, I may personally at any time, transport and supervise my child on any field trip.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**PHOTE PERMISSION**

I hereby give permission to St. Peter Day Care to make photographs, slides, videos and audio taping of my child for educational and publicity use of the center.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date