



St. Peter Christian Child Care and Learning Center

1580 W. Ridgeway St.
Jackson, MS 39213-6521
Phone 601-366-3713

Registration Form

Office use only

| | |
|-------------------|-------------------------------------|
| Start date: _____ | Application date: _____ |
| Last day: _____ | Reg. Amt. Paid: _____ check # _____ |
| Member: _____ | Sibling (s): _____ |

Child's Name: _____

Name usually called: _____

Date of birth or expected due date _____ Gender of Child ___M ___F

Child's Street Address _____ City _____ State ___ Zip _____

FAMILY INFORMATION

Name of Primary Responsible Payer/Guardian#1 _____

Relationship to Child ___ Father ___ Mother ___ Grandparent ___ Other _____

Street Address _____ City _____ State ___ Zip _____

Work Telephone _____ Working hours _____

Home/Cell Phone _____ E-mail _____

Place of employment _____

Name of Primary Responsible Payer/Guardian#2 _____

Relationship to Child ___ Father ___ Mother ___ Grandparent ___ Other _____

Street Address _____ City _____ State ___ Zip _____

Work Telephone _____ Working hours _____

Home/Cell Phone _____ E-mail _____

Place of employment _____

Are both parents in the home? _____

If not, please circle: Spouse Deceased, Separated, divorced, and single

How long apart? _____ Who has custody of the child? _____

Please explain arrangements if custody _____

List all children living in the household

1. Name _____ Gender ___M ___F Age _____ Relationship to child _____
2. Name _____ Gender ___M ___F Age _____ Relationship to child _____
3. Name _____ Gender ___M ___F Age _____ Relationship to child _____
4. Name _____ Gender ___M ___F Age _____ Relationship to child _____

5. Name _____ Gender ___M ___F Age _____ Relationship to child _____

6.

List all adults living with the household, other than parents

1. Name _____ Gender ___M ___F Age _____ Relationship to child _____

2. Name _____ Gender ___M ___F Age _____ Relationship to child _____

3. Name _____ Gender ___M ___F Age _____ Relationship to child _____

AUTHORIZED PICKUP INFORMATION

Persons other than parents who authorized to pick-up your child

1. Name _____ Relation _____
Business phone _____ Home/Cell phone _____

2. Name _____ Relation _____
Business phone _____ Home/Cell phone _____

3. Name _____ Relation _____
Business phone _____ Home/Cell phone _____

EMERGENCY CARE INFORMATION

Name of Doctor _____ Telephone _____

Name of Dentist _____ Telephone _____

If parents can not be reached, who should be contacted in case of emergency?

Name _____ Relationship _____
Business phone _____ Cell phone _____ Home phone _____

Name _____ Relationship _____
Business phone _____ Cell phone _____ Home phone _____

TUITION PAYMENT FREQUENCY OPTION

(Please select one option to pay tuition)

Tuition(1yr -K5) _____\$80 Weekly _____\$320 Monthly

Infants _____\$90 Weekly _____\$360 Monthly

CHILD CARE REQUIREMENTS

Hours of care needed: _____

Enrollment: _____ Full time student _____ Temporary or Drop-In

Meals needed: _____ Breakfast
_____ Lunch
_____ PM snack

PAYMENT AGREEMENT

Rev. 8/7/13 St. Peter Childcare Christian Learning Center does not discriminate on the basis of race,color,creed or any area that does not conflict with the teachings of the scriptures.

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 that my child's 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 _____

MEDICAL INFORMATION/ INSURANCE

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

St. Peter Day Care Center does not offer liability insurance to its students at this time.

Parent/Guardian Signature _____ Date _____

STUDENT PERSONAL HISTORY

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

Are there any special food or eating instructions? (Please provide Dr.'s Note) _____ If yes, please explain: _____

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

What words, if any, does your child use for toilet? _____

Does your 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 enjoys doing?

What are your feelings regarding discipline? _____.

****St. Peter is a non-corporal punishment establishment. ****

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.

FIELD TRIP PERMIT

I hereby request and consent that my child _____ be permitted to participate in field trips with St. Peter Day Care Center. I understand that these field trips are a part of the day care program and that my child may be transported by the van/bus and be accompanied by an official staff person during the trip. 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 that such claim is made. I understand that if these terms are no acceptable, I may personally at any time, transport and supervise my child on any field trip.

Parent/Guardian Signature _____ Date _____

PHOTO/ VIDEO PERMISSION

I hereby give permission to St. Peter Day Care Center to make photographs, slide shows, videos, and audio taping of my child for educational use and publicity/marketing use for the day care center.

Parent/Guardian Signature _____ Date _____

ACKNOWLEDGMENT OF CORRECT INFORMATION

I acknowledge that the information given on this application is correct, up-to date, and understood as true by me. If any changes are to occur, I will notify the daycare center immediately.

Parent/Guardian Signature _____ Date _____

FOR OFFICE USE ONLY

REQUIRED INFORMATION COMPLETE: _____

REGISTRATION FEE PAID: _____

SUPPLY FEE PAID: _____

CLASSROOM: _____

WEEKLY TUITION AMOUNT: _____

PAYMENT FREQUENCY SELECTION: _____

COMMENTS _____

