

Registration Form

Prince of Peace Catholic Church
Kids' Day Out Program (Tues/Thurs)
Registration fee \$100 Tuition \$200 monthly

Child's Name _____ Birth date _____ Gender: Male / Female

Parent's Relationship to each other: _____ Married _____ Divorced _____ Separated _____ Single
(If divorced, a copy of the Divorce Decree noting guardianship must accompany this form.)

Child lives with (please check all that apply)

_____ Mother and Father _____ Mother _____ Father _____ Other _____
(please describe)

Father's Name _____ Driver's License # _____

Home Address _____

City _____ State _____ Zip _____

Occupation _____ Employer _____

Home Phone _____ Work Phone _____ Cell _____

Mother's Name _____ Driver's License # _____

Home Address _____

City _____ State _____ Zip _____

Occupation _____ Employer _____

Home Phone _____ Work Phone _____ Cell _____

Family email address: _____

Family religious preference _____ Member of Prince of Peace: Yes / No

List at least one local person who will be available to assume responsibility for your child in case of emergency and parents/guardians cannot be reached.

Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

Relationship to child _____

List below, additional persons you authorize to pick-up your child from the Prince of Peace KDO/MDO program.

Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

Relationship to child _____

See reverse side of page

Name _____

Home Address _____

Home Phone _____ Work Phone _____ City _____ State _____ Zip _____

Relationship to child _____

I _____ understand that a mandatory 2-week notice is needed if my child(ren) needs to be unenrolled from KDO program. If notification is not given or arrangements are not made by email or letter, full tuition is expected. An invoice will be mailed out for the balance due.

Signature _____ Date _____

Please list your child's:

Fears: _____

Likes: _____

Dislikes: _____

I certify that my child is free from all communicable disease: ___YES ___NO

If no, explain _____

I certify that my child is physically and mentally able to participate in all group care activities that are at his/her age level: ___YES ___NO

IF no, explain _____

I ___Do ___Do not give consent for my child to be served foods during KDO other than what I send for my child to eat, if it is for learning purposes or for celebrations. My child may not given:

List any allergies and allergic reactions your child might have: _____

(food or medications)

List any physical conditions and therapies your child receives: _____

List any medications and drugs taken regularly by child: _____

For Office Use Only

Registration Fee _____ Date Paid _____ Check # _____ Cash _____

Notes: