

# Peter Pan Day Schools ~ Full Day Registration Form

**School Choice:** \_\_\_ 75<sup>th</sup> Street \_\_\_ North \_\_\_ Little Shepherd \_\_\_ Westmont

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Name by which child is most often called \_\_\_\_\_

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

List the nearest major intersection to your home address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Subdivision \_\_\_\_\_

Father/Guardian Name		Mother/Guardian Name	
Father's Home Phone		Mother's Home Phone	
Father's Work Phone		Mother's Work Phone	
Father's Cell Phone		Mother's Cell Phone	
Father's E-Mail		Mother's E-Mail	

## Family Information

Marital Status of Father: \_\_\_ Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Re-Married

Father's address if different from the child \_\_\_\_\_

Father's Employment \_\_\_\_\_ Occupation \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax \_\_\_\_\_

Marital Status of Mother: \_\_\_ Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Re-Married

Mother's address if different from the child \_\_\_\_\_

Mother's Employment \_\_\_\_\_ Occupation \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax \_\_\_\_\_

Please list names of other family members that live with child / include sibling names and birthdates:

\_\_\_\_\_

**Registration Date** \_\_\_\_\_ **Start Date** \_\_\_\_\_

**Hours Child Will Be Attending:** \_\_\_\_\_

**Days:** \_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday

**Last Day** \_\_\_\_\_ **Reason for Dis-enrollment** \_\_\_\_\_

A Registration Fee of \$100 for one child or \$150 per family is due to secure your child's enrollment. A Security Deposit of one week's tuition, applicable to their last week of enrollment is also due. Please note: These fees are non-refundable.

# Emergency Information

Child's Name \_\_\_\_\_

List any child allergies \_\_\_\_\_

Please list emergency contacts below that have permission to pick up your child in the event that neither parent or guardian can be reached. Please list only persons who are also designated to pick your child up. Emergency contacts must be within 1 hour driving distance.

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

3) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

4) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Note: You are authorizing persons listed above to pick up your child in the event of an illness or emergency, when we are unable to contact you. They may also pick up your child on any day with your permission.

Persons NOT permitted to pick up your child: \_\_\_\_\_

Note: Court documentation must be provided for custody issues.

Child's Doctor \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Preschool or Daycare previously attended:

Name \_\_\_\_\_ Location \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_