

**Caterpillar Development Center**

890 Vee Street  
Biloxi, MS 39532  
228-385-3900

Enrollment Application

**Parent/Guardian Information**

**Registration Date:** \_\_\_\_\_

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Custodial Parent (If married, mark both parents)

Email: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Custodial Parent (If married, mark both parents) Father's SS#: \_\_\_\_\_

Email: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Child Information**

First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

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

Gender:  Male  Female Date of Birth: \_\_\_\_\_ Child's S.S. #: \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require?

\_\_\_\_\_

Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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

Hours of care needed: \_\_\_\_\_ Days needed M\_\_T\_\_W\_\_TH\_\_F\_\_

Meals needed: breakfast\_\_ lunch\_\_ P.M. snack\_\_

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**EMERGENCY MEDICAL TREATMENT**

In the event of an accident or emergency illness, Caterpillar Development Center staff has my permission to administer or seek medical treatment for my child. I hereby release Caterpillar Development Center and the staff from liability resulting from accident or emergency treatment. \_\_\_\_ (*initial*)  
If not, what would you like us to do? \_\_\_\_\_

**TOILET TRAINING**

My child *is* \_\_\_\_ *is not* \_\_\_\_ toilet trained at the time of enrollment. Training began on \_\_\_\_ (*initial*)

**BREAKFAST**

We serve breakfast. A morning breakfast is served at approximately 8:00am each morning. No food from outside the center will be allowed except for parties. \_\_\_\_ (*initial*)

**PHOTOGRAPHY PERMISSION**

*I do* \_\_\_\_ *I do not* \_\_\_\_ give my permission for my child to be photographed or videotaped. This **does** include other parents taking pictures at birthday parties or other special events. Media coverage or posting pictures and/or video tape the Caterpillar Development Center website, Facebook business page, paid advertisement and and/or any display within the facility. \_\_\_\_ (*initial*)

**POLICY BOOK**

I have received the information concerning the centers policies and procedures and a copy of The Child Care Summary for Parents. \_\_\_\_ (*initial*)

**WITHDRAWAL**

I understand that a two week notice must be given when I withdraw my child from the center or I will be required to pay a "no notice" fee that is equal to one (1) week of tuition. \_\_\_\_ (*initial*)

**TUITION/PAYMENT INFORMATION**

Registration fe and first week tuition is paid during registration. Tuition is due every Friday for the following week. If tuition is not paid, there is a \$5 late fee charge on Monday, additional charge on Tuesday, and suspension on Wednesday. Caterpillar Development Center accepts cash or personal checks. If personal checks are returned, there will be a \$30 fee added in tuition.

I also understand child care services provided for my child may be suspended by Caterpillar Development Center at any time for failure to keep my Caterpillar Development Center enrollment account current. \_\_\_\_ (*initial*)

If tuition payment is the responsibility of an adult other than the parent or guardian listed above, please provide contact information below:

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**Emergency Contacts & Authorized Pickup Persons (other than parents):**

**1<sup>st</sup> Contact/Pick up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**2nd Contact/Pick up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**3rd Contact/Pick up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**Additional Comments & Information:**

Is there is any other information that that would be helpful to our management and teaching staff?

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**Signature:**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank You!**

**FOR OFFICE USE ONLY**

Date of Admission: \_\_\_\_\_ Class \_\_\_\_\_ Tuition Amount: \_\_\_\_\_

Date of Withdrawal: \_\_\_\_\_ Reason for Withdrawal: \_\_\_\_\_