Caterpillar Development Center
890 Vee Street
Biloxi, MS 39532
228-385-3900
9319 Woolmarket Road
Biloxi, MS 39532
228-207-6087

Enrollment Application

Parent/Guardian Information   **Registration Date**:_____

Center: _____

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__

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Meals needed: breakfast___ lunch___ P.M. snack___

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*)

WITHDRAWL

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*)

SUNSCREEN AND BUGSPRAY

I do ____I do not____give permission for my child to wear sunscreen and bugspray. _____ (*initial*)

TUITION/PAYMENT INFORMATION

Registration fee 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):

1ˢᵗ 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?

_____

_____

_____

Signature:

Parent's Signature: _____   Date: _____

Thank You!

FOR OFFICE USE ONLY

Date of Admission: _____ Class_____ Tuition Amount: _____

Date of Withdrawal: _____ Reason for Withdrawal: _____