



PDO Enrollment Form

Academic Year 2024-2025

PLEASE COMPLETE AND RETURN TO THE PDO OFFICE WITH
NON-REFUNDABLE ANNUAL ENROLLMENT FEE
(\$100 INDIVIDUAL/\$150 FAMILY)

STUDENT INFORMATION

CHILD'S NAME: _____
LAST FIRST MI M/F BIRTHDATE

ADDRESS CITY STATE ZIP

HOME PHONE CHILDS CHURCH HOME BAPTISM DATE PUBLIC SCHOOL DISTRICT

FAMILY INFORMATION

FATHER'S NAME: _____ MARITAL STATUS: MAR/SEP/DIV/WID/SINGLE

STEP-MOTHER'S NAME (IF APPLICABLE): _____

HOME ADDRESS (IF DIFFERENT FROM ABOVE): _____

EMPLOYER BUSINESS PHONE CELL

EMAIL ADDRESS

MOTHER'S NAME: _____ MARITAL STATUS: MAR/SEP/DIV/WID/SINGLE

STEP-FATHER'S NAME (IF APPLICABLE): _____

HOME ADDRESS (IF DIFFERENT FROM ABOVE): _____

EMPLOYER: BUSINESS PHONE: CELL:

EMAIL ADDRESS:

NAMES AND AGES OF OTHER CHILDREN IN THE FAMILY: _____



HOW DID YOU HEAR ABOUT OUR PROGRAM?

ANTICIPATED PROGRAM ATTENDANCE

____ MONDAYS ____ TUESDAYS ____ WEDNESDAYS ____ FRIDAYS

MEDICAL INFORMATION AND PARENT SIGNATURE

CHILD'S PHYSICIAN

OFFICE PHONE NUMBER

PREFERRED HOSPITAL

I UNDERSTAND THAT A COPY OF UP-TO-DATE IMMUNIZATIONS IS REQUIRED TO BE ON FILE BEFORE ATTENDING PDO. FURTHERMORE, I UNDERSTAND THAT I WILL BE NOTIFIED IMMEDIATELY IN CASE OF AN ACCIDENT OR ILLNESS AFFECTING MY CHILD, AT WHICH TIME I WILL MAKE ARRANGEMENTS FOR THE MEDICAL CARE OF MY CHILD WITH A PHYSICIAN AND/OR HOSPITAL OF MY CHOICE. I WILL ACCEPT ALL FINANCIAL RESPONSIBILITY FOR THE CHARGES ASSOCIATED WITH THIS CARE. IF I CANNOT BE REACHED TO MAKE THESE NECESSARY ARRANGEMENTS, OR IN A CRITICAL EMERGENCY REQUIRING IMMEDIATE CARE, I HEREBY AUTHORIZE ST. PAUL'S PARENTS' DAY OUT PROGRAM TO CALL 911 AND ADMINISTER FIRST AID. I THEN, HEREBY AUTHORIZE ST. PAUL'S LUTHERAN PARENTS' DAY OUT TO CONTACT THE DOCTOR/CLINIC LISTED BELOW AND I ACCEPT ANY AND ALL FINANCIAL RESPONSIBILITY ASSOCIATED WITH THE EMERGENCY CARE. I ALSO ACCEPT MY FINANCIAL RESPONSIBILITY TO ST. PAUL'S PARENTS' DAY OUT THROUGH PROMPT TUITION PAYMENTS.

SIGNATURE OF PARENT OR GUARDIAN

DATE

SCHOOL SPIRIT APPAREL (for use during 2024-2025 academic year)

Child's T-shirt size requested: _____

OFFICE USE ONLY

DATE RECEIVED: _____ ENROLLMENT FEE PAID: \$ _____

FORM OF PAYMENT: ONLINE _____ CHECK # _____