



<b>Siblings</b>			
<u>Name:</u>	<u>Age:</u>	<u>DOB:</u>	<u>Attends(ed) St. Louis PDO?</u>
_____	_____	_____	( ) yes ( ) no
_____	_____	_____	( ) yes ( ) no
_____	_____	_____	( ) yes ( ) no

Please initial the following:

- \_\_\_ I understand that the **Enrollment Fee is non-refundable** and must be paid to secure space in the PDO program.
- \_\_\_ I will provide a current record of immunizations for my child, no later than the first day of attendance at St. Louis PDO.
- \_\_\_ I am aware that the tuition is due by the 10<sup>th</sup> of the month, **regardless of days missed** for illness, inclement weather, travel, etc.
- \_\_\_ A **two week notice** is required if I withdraw my child from the program, and all fees must be paid in full up until that date.
- \_\_\_ I understand that there are no reimbursements or refunds from St. Louis PDO.
- \_\_\_ I am aware that St. Louis PDO is not a licensed daycare program and is not required to be licensed by the state of TN as a child daycare agency.

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Parent's Signature

Date