



St. John's Lutheran Daycare Ministry and Preschool

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Enrollment Form

Today's Date _____ Date Care Needed _____

Child's Full Name _____

What Child is Called at Home _____

Address (city, state zip) _____

Home Phone _____ Child's Date of Birth _____

Gender M F

What time will your child normally be dropped off and picked up _____ AM _____ PM

Mother/Legal Guardian

Name _____

Address (if different than above) _____

Employer _____ Work Phone _____

Occupation _____ Cell Phone _____

Father/Legal Guardian Name _____

Address (if different than above) _____

Employer _____ Work Phone _____

Occupation _____ Cell Phone _____

Name of Person Who has Primary Custody _____

Emergency Contact (other than listed above) _____

Relationship _____ Phone _____

Emergency Contact (other than listed above) _____

Relationship _____ Phone _____

Persons Authorized to Pick Up Child other than Parent or Guardian (Photo ID will be required)

The Following Individuals are **NOT** Authorized to Pick Up Child:

(If non custodial parent we must have copy of court documentation)

Pediatrician's Name _____

Phone _____

Dentist Name _____ Phone _____

Does your child have any allergies? (other than food) Yes _____ No _____

If Yes, Please List _____

Why are you looking for daycare? _____

Has your child been in daycare before? Yes _____ No _____

Was it a positive experience? Yes _____ No _____

Is your child on any medications? Yes _____ No _____

Please list (what for, dose and time) _____

Public School District _____

Does your family attend church services? Yes _____ No _____

If Yes, Where?
