St. Anne Catholic Church

Mother's Day Out Program

PO Box 410~Youngsville, La 70592~ (337) 856-8212

Application/Registration Form- Fall Program Today's Date:_____

Child's Name-_____Nickname-_____
Child's Birthday-_____Male___ Female___ Child's Age Today_____

Mother's Name-_____Father's Name-_____
Mailing Address-_____ City_____Zip_____
Home ph #_____Mom Cell Ph #_____Dad's Cell #_____
Email address-print clearly_____
Mother's occupation & work #-_____
Father's occupation & work Ph #_____
Child lives with (circle one) Mother or Father Both or a Legal Guardian-name_____
Siblings- YES____ NO____ List name and ages:
1._____2._____
3._____4._____

Incase of Emergency or Illness: Other than parent. This person is also authorized to pick up child.
1. Name-_____Relation_____ph#_____
2. Name-_____Relation _____ph#_____
3. Name-_____Relation_____ph#_____
4. Name-_____Relation_____ph#_____

***If at any time this information changes. You need to contact the Director ASAP to give new contact information. NO child will be release to any one that is not on this list.

Medical Information-
Known Medical Conditions;_____
Any physical or medical conditions or restrictions? Yes__ No__ Developmental delays? Yes___No___
If yes, provide an explanation so we may better meet the needs of your child:_____
_____
Known Allergies: _____Medications:_____
Family/ Pediatric Physician:_____Ph #_____
Primary Insurance Carrier:_____policy #_____
***Immunization information is required to enter the program. Make sure St. Anne MDO Director has updated copy on file.**
Any other information about your child that may be helpful_____
Potty trained: YES___ NO___ helpful info.:_____

I give permission for my child to receive emergency medical treatment if necessary. Medical treatment includes transportation for my child by emergency vehicle or private vehicle to any emergency health facility. I understand and agree to be financially responsible for all expenses associated with providing medical care of my child.
Parent or Guardian signature_____date_____

Are you a parishioner at St. Anne Catholic Church? Yes___No____Name Church-_____

Fall Registration Fee-$50 per child for parishioners $25/2nd~ $75 non-parishioners $35/2nd
Please check one:
____ I would like to enroll for 2 day a week program on Tuesday & Thursday.
____I would like to enroll for 3 day a week program on Tuesday, Wednesday & Thursday.

Office USE: Registration Fee pd $_____ sibling____Check/cash:_____date_____
Rec. Copy of immunization_____yes____no