

St. Anne Catholic Church
Mother's Day Out Program
PO Box 410~Youngsville, La 70592~ (337) 857-6323

FALL Application/Registration Form-

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-\$75 per child for parishioners \$25/2nd~

\$100 non-parishioners \$50/2nd Child

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