

Holy Family Pre-K 3

415 N. Jefferson Ave
Port Allen, LA 70767
Phone: 225-343-6541
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prek3@hfspa.com
(PLEASE PRINT)

For office use only

Date Received: _____
Reg/Payment: _____
Cub Care Reg. payment: _____

Name of Child: _____ Call Name: _____ Boy: ___ Girl: ___

Address: _____ City: _____ Zip: _____

Date of Birth: _____ Church Baptized in: _____

Father's Name: _____ Occupation: _____

Home Address: _____ Marital Status: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Email Address: _____

Mother's Name: _____ Occupation: _____

Home Address: _____ Marital Status: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Email Address: _____

Child's Doctor: _____ Telephone: _____

Status of Custody/Guardianship Agreements: _____

Are you a member of Holy Family Church? ___ (please complete box at right)

Please check all that are applicable:

___ Contributing/Parishioner of Holy Family

___ Student Presently Enrolled at Pre-K3

___ Sibling Presently Enrolled at Pre-K 3

Name: _____

___ Sibling Previously Enrolled

Name: _____

___ Member of a Church Parish

Name of Parish: _____

- **IMMUNIZATION RECORDS-** Please attach a copy of your child's immunization record to this application. Please use the attached immunization schedule to determine if your child is up to date.
- **IN CASE OF EMERGENCY:** Do we have permission to seek medical treatment for your child? YES NO (You will also be contacted immediately)
- Hospital of Preference: _____
- **PHOTOGRAPHY OF CHILD:** I give my permission for my child to be photographed as outlined in the Holy Family Pre-K 3 handbook. YES NO
- **TOPICAL PRODUCTS:** Do we have your permission to apply topical products to your child such as: Antibiotic ointment (Neosporin) and Benadryl lotion? YES NO
- **CUB CARE:** Will you need Cub Care from 2:15-5:30? YES NO

FOOD ALLERGIES

Please list any foods to which your child may be allergic. This will ensure that we do not inadvertently give your child a food at snack time that will be harmful. (Please put N/A if no known allergies)

FIELD TRIP NON-VEHICULAR AUTHORIZATION

Do your child have your permission to participate in off-site activities when walking and accompanied by employees of Holy Family Pre-K 3 staff? YES NO

Location

Address

Community Center & Museum	845 N. Jefferson Ave.
Fire Department	740 N. Alexander Ave.
Holy Family Church	319 N. Jefferson Ave.
Holy Family School	335 N. Jefferson Ave.
Holy Family Parish Hall	368 N. Jefferson Ave.
Jubilee Hall	486 N. Jefferson Ave.
Levee	
Marian Hall	474 N. Jefferson Ave.
Post Office	600 Court Street
St. Vincent De Paul	264 N. Jefferson Ave
WBR Library	830 N. Alexander Ave.

MEDICAL CONDITIONS

Please list your child's medical condition and give any special instructions that the teacher and director should know. (Please put N/A if not applicable)

Medical

Condition(s): _____

Special

Instructions: _____

AUTHORIZATION TO PICK UP CHILD

Please list all persons authorized to pick up your child from Holy Family Pre-K 3. Remember to include parents, relatives, friends, neighbors, carpools, babysitters, etc. Children CANNOT be released without written authorization. VERBAL authorization will not be accepted.

Authorized Person	Phone Number	Relationship

DATE

PARENT'S SIGNATURE

<p><u>MUST HAVE BIRTH CERTIFICATE, BAPTISMAL CERTIFICATE (IF APPLICABLE) AND IMMUNIZATION RECORD ATTACHED TO THIS FORM AT TIME OF REGISTRATION. ALSO INCLUDE NON-REFUNDABLE APPLICATION FEE.</u></p>
