

Holy Family Pre-K 3

415 N. Jefferson Ave
Port Allen, LA 70767
Phone: 225-343-6541
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www.holyfamilypreschool3.com
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: _____ Marital Status: _____
Home Address: _____
Cell Phone: _____ Work Phone: _____
Employer: _____ Occupation: _____
Email Address: _____

Mother's Name: _____ Marital Status: _____
Home Address: _____
Cell Phone: _____ Work Phone: _____
Employer: _____ Occupation: _____
Email Address: _____

Child's Doctor: _____ Telephone: _____

Status of Custody/Guardianship Agreements: _____

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: _____

- **PARISHIONER:** Are you a member of Holy Family Church? YES NO (*fully complete box above*)
- **IMMUNIZATION RECORDS:** Please attach a copy of your child's immunization record to this application. Children must be up to date on all immunizations. Waivers are not accepted, nor are online print outs. *Obtain an official copy from child's physician's office.*
- **FULLY POTTY TRAINED:** Is your child fully potty trained? He or she can:
 1. recognize the need to eliminate YES NO
 2. use toilet with little/no assistance, aside from wiping after bowel movements YES NO
 3. express their needs to an adult YES NO
 4. independently remove clothing YES NO

If any answer is no, provide explanation:

- **CUB CARE:** Will you need Cub Care from 2:15-5:30? YES NO

- **IN CASE OF EMERGENCY:** Do we have permission to seek medical treatment for your child?
YES NO Hospital of Preference (required): _____
- **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
- **FOOD ALLERGIES:** List any foods allergies your child may have. (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

<u>Location</u>	<u>Address</u>
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
WBR Library	830 N. Alexander Ave.

AUTHORIZATION TO PICK UP CHILD:

Please list all persons authorized to pick up your child from Holy Family Pre-K 3. Remember to include both parent names and any others who may pick up your child. Children CANNOT be released without written authorization. VERBAL authorization will not be accepted.

CHILD'S FULL NAME: _____		
Authorized Person	Phone Number	Relationship
		MOTHER
		FATHER

DATE _____

PARENT'S SIGNATURE _____

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.