

**SAINT MARY EARLY LEARNING CENTER**

Application/Registration Form YEAR: \_\_\_\_\_

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_ Sex \_\_\_\_\_

Last First Middle

Date of Birth \_\_\_\_\_ Circle one: African American Caucasian Hispanic Asian Other \_\_\_\_\_

Mailing Address \_\_\_\_\_ Zip \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_ Living? \_\_\_\_\_

Last First Middle

Occupation \_\_\_\_\_ Company \_\_\_\_\_ Work # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Religion \_\_\_\_\_ Living? \_\_\_\_\_

Last First Middle

Occupation \_\_\_\_\_ Company \_\_\_\_\_ Work# \_\_\_\_\_

Parents Separated? \_\_\_\_\_ Child Lives with (circle)-- Mother Father Both Legal Guardian

Church Parish \_\_\_\_\_ **Personal Email Address** \_\_\_\_\_

List brothers and sisters, their ages, and the school they are presently attending, if any:

Name	Age	School Attending	Name	Age	School Attending
1. _____	_____	_____	3. _____	_____	_____
2. _____	_____	_____	4. _____	_____	_____

Person(s) to contact in case of emergency

If parents cannot be reached \_\_\_\_\_ Phone # \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone # \_\_\_\_\_

**PLEASE COMPLETE OTHER SIDE OF FORM**

The following information is being requested so that we may better meet the needs of your child. Please answer the following questions. Should you answer yes to any of the questions, please provide an explanation in the space provided.

1. Does your child have a chronic illness or disease? No Yes, \_\_\_\_\_
2. Does your child have a physical handicap? No Yes, \_\_\_\_\_
3. Do you think your child may have a vision/hearing problem? No Yes, \_\_\_\_\_
4. Are there any restrictions, for medical reasons, on your child's activities? No Yes, \_\_\_\_\_
5. Does your child require prescribed medicine daily? No Yes, \_\_\_\_\_
6. Does your child have any allergies to food? No Yes, \_\_\_\_\_
7. Does your child have any other allergies that we should know about? No Yes, \_\_\_\_\_

Please indicate which class you would like your child to enter (mark first two choices):

- |                              |                               |                               |
|------------------------------|-------------------------------|-------------------------------|
| FOUR-YEAR OLDS:              | THREE-YEAR OLDS:              | TWO- YEAR OLDS:               |
| _____ Five mornings per week | _____ Three mornings per week | _____ Two mornings per week   |
|                              | _____ Five mornings per week  | _____ Three mornings per week |
|                              |                               | _____ Five mornings per week  |

\*\*\*The following materials are needed to complete registration:

Child's Immunization Records

Child's Birth Certificate

Completed Parishioner Verification Form signed by the Pastor (to qualify as a Parishioner and waive the Building Usage Fee)

Saint Mary Early Learning Center\*419 Doucet Road\*Lafayette, Louisiana 70503\*(337)984-3750\*FAX:(337)984-8442

**PLEASE COMPLETE OTHER SIDE OF FORM**