38332 HWY 929 Prairieville, La 70769 | P: (225) 313-6507 | F: (225) 313-6506
aloveforkids2@gmail.com | www.aloveforkids.com

Enrollment Application

Please download, sign and email to aloveforkids@gmail.com. You can complete your registration fee of $100 at aloveforkids.com/complete-registration.

CHILD'S FULL NAME: _____ DATE: _____

NICKNAME: _____ DATE OF BIRTH: ___/___/_____ AGE: _____

DATE OF ENROLLMENT: _____

MOTHER'S INFORMATION

FULL NAME: _____ HOME PHONE: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMPLOYER: _____ OCCUPATION: _____

EMPLOYER'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOURS AT WORK: ___:____ TO ___:____ DAYS AT WORK: _____

WORK PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____ @ _____

FATHER'S INFORMATION

FULL NAME: _____ HOME PHONE: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMPLOYER: _____ OCCUPATION: _____

EMPLOYER'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOURS AT WORK: ___:____ TO ___:____ DAYS AT WORK: _____

WORK PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____ @ _____

PARENTS' STATUS

Are both parents living? ▢ YES ▢ NO

If so, status of parents: ▢ MARRIED ▢ NOT MARRIED ▢ SEPARATED ▢ DIVORCED

If separated or divorced, who has custody of the child? _____

Child is living with? ▢ BOTH PARENTS ▢ MOTHER ▢ FATHER ▢ OTHER

SIBLINGS

NAME	AGE	SCHOOL
_____	_____	_____
_____	_____	_____
_____	_____	_____

STUDENT

Please list schools/centers attended by your child:

SCHOOL NAME: _____ DATES: _____

CITY, STATE, ZIP: _____

PHONE: _____

SCHOOL NAME: _____ DATES: _____

CITY, STATE, ZIP: _____

PHONE: _____

Has your child ever been in daycare before? ▢ YES ▢ NO

If so, why did you leave? _____

Previous Provider: _____ Phone: _____

EMERGENCY INFORMATION

Name and addresses of persons to be contacted and to whom the child may be released (must give 2 contacts):

1. FULL NAME: _____ RELATIONSHIP: _____

   ADDRESS: _____ PHONE: _____

2. FULL NAME: _____ RELATIONSHIP: _____

   ADDRESS: _____ PHONE: _____

FAMILY'S PHYSICIAN'S NAME: _____ PHONE: _____

ADDRESS: _____

CHILD'S HEALTH CARD #: _____

HOSPITAL PREFERRED: _____

Are there any known allergies, health or medical conditions that we should be made aware of?
▢ YES ▢ NO

If yes, please describe:

_____

_____

_____

HEALTH HISTORY

LAST PHYSICAL EXAMINATION: _____

RANK AT DISCHARGE: _____

TYPE OF DISCHARGE: _____

If other than honorable, explain: _____

Signature: _____ Date: _____

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