



Holy Family Pre-K 3

415 North Jefferson Avenue
Port Allen, Louisiana 70767

APPLICATION FOR ENROLLMENT

(Please print.)

Date of Registration: _____

Child Information

Child's Name: _____ Call Name: _____

Address: _____

Birth Date: _____ Sex: Male Female

Church Baptized in: _____

Parent/Guardian Information

Mother's Full Name: _____ Marital Status: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Occupation: _____

Name of Employer: _____ Work Phone: _____

Father's Full Name: _____ Marital Status: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Occupation: _____

Name of Employer: _____ Work Phone: _____

Are you an identified, contributing member of a church parish? Yes No

If yes, which church parish? _____

Does your child have any medical problems such as, chronic illnesses (diabetes, heart problems, allergies, etc.)
impairments, etc.?

Status of Custody/Guardianship Agreements: _____

Signature of Parent/Guardian: _____