Our Lady of Lourdes Catholic School
Early Childhood Development Center
120 Westchester Place, Slidell, LA 70458
985.649.4420

Admit Date: _____

Child Information Form

Child's Name: _____ Sex: _____ Birthdate: _____

Race: White____ Black ____ Asian ____ Eskimo ____ Hispanic ____ Indian ____ Other: _____

Siblings at Our Lady of Lourdes School (PK4-7th Grade): _____

Student's Religion: _____ Baptismal Date (if applicable): _____

	Mother	Father
Name		
Street Address, City, State, Zip Code		
Date of Birth		
Social Security #		
Employer		
Home Phone #		
Work Phone #		
Cell Phone #		
Email Address		

Parents are: Married ____ Separated ____ Divorced ____

Person with whom the child lives: _____

Are there any child custody issues we should be aware of? _____
In the case of child custody or orders of protection, legal documentation must be provided to us for our records.

Name of step-parent/guardian (if applicable): _____

Child's Doctor: _____ Doctor's Phone #: _____

Child's Dentist: _____ Dentist's Phone #: _____

Individuals to contact in case of an emergency:

_____ Phone # _____

_____ Phone # _____

_____ Phone # _____

_____ Phone # _____

Over →

Enrollment at Our Lady of Lourdes Catholic School is open to any student regardless of race, color, creed, gender or national origin.

OLL ECDC Child Information Form (continued)

Does your child have any food allergies?	Yes	No
Does your child have any other allergies?	Yes	No
Does your child have any dietary restrictions?	Yes	No
Does your child have any special needs or health concerns?	Yes	No

Please explain any "yes" answer here:

_____

_____

_____

Has your child previously attended daycare or preschool? Yes / No

If yes, what daycare or preschool did they attend? _____

_____

My child has permission to be released to the following individuals in addition to emergency contact persons listed above: (Please notify these individuals that they may be asked to show proof of identity.)

Name (First and Last)	Relationship

I authorize the facility to secure emergency medical treatment for my child.

Parent's Signature: _____ Date: _____