

Most Blessed Sacrament
 Early Learning Center
 7853 Broker Avenue
 Baton Rouge, LA 70817
 225-752-8829
 mbseLCDirector@mbsparish.org



Received _____ Verification _____
 Reg. Fee: _____ Supply Fee: _____
 Ck# _____ Amount: _____
 2's _____ 3's _____ Pre-K _____ Kindergarten _____
 Before Care _____ After Care _____
 Block 1 _____ Block 2 _____ OR Week 1 _____ Week 2 _____
 Week 3 _____ Week 4 _____ Week 5 _____ Week 6 _____ Week 7 _____

Child's Name _____ Birth Date _____ M _____ F _____
 Address _____ City _____ Zip _____
 Subdivision _____ Phone _____ Nickname _____
 Father's Name _____ Occupation _____
 Business Phone _____ Cell _____ E-Mail _____
 Mother's Name _____ Occupation _____
 Business Phone _____ Cell _____ E-Mail _____
 Religious Preference _____ Parish Affiliation _____

~Emergency Contacts~

Name _____ Telephone _____
 Address _____ Relationship _____
 Name _____ Telephone _____
 Address _____ Relationship _____

~Describe any special needs or therapies your child is currently or has received~

~Sibling Information~

Please list all child's siblings :

<u>Name</u>	<u>Gender</u>	<u>Age</u>	<u>Birth Date</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

My child's name, and our family's contact information may be added to his/her class list and distributed to fellow classmates only:
 YES _____ or NO _____

By enrolling my child in the Most Blessed Sacrament Early Learning Center, I (we) hereby agree to hold the parish and its employees free and harmless from all liability resulting from injuries sustained by said child while participating in the MBSEarly Learning Center.

Date _____ Signature of Parent _____

This form MUST include the Non-Refundable Registration Fee & Supply Fee or a place cannot be guaranteed!



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Handbook Receipt Confirmation

My signature below indicates that I have received, read and understand the guidelines set forth in the Most Blessed Sacrament Early Learning Center Parent Handbook.

Photograph/Recording Release

It is the policy of Most Blessed Sacrament Early Learning Center that we would require your permission to publish your child's picture on our school website. No child shall ever be identified in any published photograph.

My signature below confirms receipt of the parent handbook and provides permission for the publication of photos on the school's websites.

Child's Name _____

Parent Signature _____

Date _____

Permission for Emergency Medical Treatment

Date: _____

Most Blessed Sacrament Early Learning Center has my permission to seek emergency medical treatment for _____ (print child's name) in the event I cannot be reached. My child may be taken to the nearest medical facility in the event my private doctor is not available. In case of emergency, parents are responsible for any expenses incurred in seeking treatment.

(Signature of parent or guardian)

Home Phone _____ Cell _____ Work _____

Emergency Contact _____ Emergency Contact # _____

Emergency Contact _____ Emergency Contact # _____

Physician Name & Number _____

Dentist Name & Number _____

NOTE: Parents are responsible for keeping all pertinent information current.

ALLERGY INFORMATION:

In an attempt to provide the best care available to your child, please list all allergies, food, medication, or other as diagnosed by a physician. Please mark the appropriate space:

Food Allergy: Yes _____ No _____ (Parents will be required to review our snack list)

Description of allergy, reaction, and preventative care: _____

Other Allergy: Yes _____ No _____

Description of allergy, reaction, and preventative care: _____

Dietary Restrictions: Yes _____ No _____

Description of Restrictions: _____

Special Needs/Health Concerns: Yes _____ No _____

Concerns: _____ Description of Concerns: _____

Does your child require an **Epi-Pen**: Yes _____ No _____ Parents shall provide the school with an up-to-date Epi-Pen prescription along with the required documentation, and guidelines for administering the medication.

Emergency Contacts

Please provide current phone numbers so that we may reach you if needed:

Child's Name _____ Home Phone _____

Mother's Name _____ Father's Name _____

Mother's Cell _____ Father's Cell _____

Mother's Work _____ Father's Work _____

Primary Number to Call _____

Other people we may contact:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Carpool:

In addition to the above names my child has permission to ride home with the following people.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Please provide any other information that you feel important for us to know about your child:

MBS Early Learning Center

Topical Medication Authorization

It is the policy of Most Blessed Sacrament Early Learning Center that we would require your permission to apply topical medication to any minor scrape or scratch. Please check off any medications that CAN be administered by the school.

Child's Name: _____

Teacher's Name: _____

Band-Aids	_____	Yes	_____	No
Diaper Rash Ointment	_____	Yes	_____	No
Hand Sanitizer	_____	Yes	_____	No
Ice	_____	Yes	_____	No
Neosporin (antibiotic ointment)	_____	Yes	_____	No
Sunscreen	_____	Yes	_____	No
TriCalm (Steriod Free, itch, burn, sting relief)	_____	Yes	_____	No
Other: _____	_____	Yes	_____	No

Parent Signature: _____ Date: _____

(Note: Students attending Lil Pelican's Summer Camp should plan to arrive to camp each morning with an application of sunscreen already on)