



201 Church Street, Youngsville, LA 70592
337-857-6323

2026-2027 Registration Form

Must be two years old by December 31, 2026

Children in three and four year old classes MUST be potty trained.

Child's Name _____ Today's Date _____
Child's Birthday _____ Male ___ Female ___ Child's Age Today _____
Mother's Name _____ Father's Name _____
Mailing Address _____ City _____ Zip _____
Mother's Cell _____ Father's Cell _____
Email Address _____
Mother's Occupation & Work # _____
Father's Occupation & Work # _____
Child Lives With (circle one) Mother Father Both Legal Guardian-name _____
Siblings- Yes ___ No ___ List name and ages:
1. _____ 2. _____ 3. _____

In Case of Emergency or Illness: Other than parents, this person is authorized to pick up child
Name _____ Relation _____ Phone Number _____
Name _____ Relation _____ Phone Number _____
Name _____ Relation _____ Phone Number _____
Name _____ Relation _____ Phone Number _____

*If at any time this information changes, please notify us. NO child will be released to any person other than on this list.

Medical Information:

Known medical conditions: _____
Any physical or medical restrictions? Yes ___ No ___ Developmental delays? Yes ___ No ___
If yes, provide an explanation so we may better meet the needs of your child:

Known allergies: _____

Medications _____

Family Doctor/Pediatrician _____ Phone Number: _____

*Immunization information is required to enter the program. Please ensure that the St. Anne Preschool Director has an updated copy on file.

(Continue on other side)

Any other information about your child that may be helpful: _____

Is your child potty trained? Yes ___ No ___

I give permission for my child to receive emergency medical treatment if necessary. This includes transportation by an emergency vehicle or private vehicle to any emergency health facility. I understand and agree to be financially responsible for all expenses associated with providing medical care of my child.

Parent or Guardian signature _____ Date _____

Are you a parishioner at St. Anne Catholic Church? Yes ___ No ___ Name Church _____

_____ ***Please enroll my child in a 2 days per week program. (Tues. & Thurs.)***

_____ ***Please enroll my child in a 3 days per week program. (Tues., Weds., & Thurs.)***

Fees and Tuition:

2 Days Per Week (T/TH) Monthly Tuition: \$280

3 Days Per Week (T/W/TH) Monthly Tuition: \$400

Registration Fee for Parishioner: \$125 per child / Second child \$100

Registration Fee for Non-Parishioner: \$150 per child / Second child \$125

Office Use:

Registration Fee PD \$: _____ Sibling: _____ Check/Cash: _____ Date: _____

Copy of Immunization received _____ Yes _____ No