

LSUA Children's Center

8100 hwy 71 S
Alexandria, LA 71302-9121
318-473-6484

Child's Information: Social Security # _____ Date of Birth _____ Sex _____ Today's Date _____

Last Name _____ First Name _____ Middle Name _____

Address _____ City _____ State _____ Zip Code _____

Mother's Information: Last Name _____ First Name _____ Maiden _____

Social Security # _____ Day Phone # _____ Evening Phone # _____

Father's Information: Last Name _____ First Name _____ Middle _____

Social Security # _____ Day Phone # _____ Evening Phone # _____

Emergency Contact Information: (Other than parents)

Contact Name _____ Relationship to child _____ Phone # _____

Contact Name _____ Relationship to child _____ Phone # _____

Child's Enrollment Information: _____ Full-Time Program (M-F) _____ Part-Time (MWF) _____(TTH)

Child's Date of Enrollment _____ Child's Age at Enrollment _____ LSUA Parent Affiliation _____

Check/Money Order # _____ Parent's Signature _____ Date _____