

LSUA CHILDREN'S CENTER REGISTRATION APPLICATION

Child's Name *(First, Middle, Last)*

Sex

Date of Birth

Mother's Name *(First Middle Last)*

Father's Name *(First Middle Last)*

Date of Birth

Date of Birth

Social Security Number

Social Security Number

Address *(Street, Apt. No. or PO Box)*

Address *(Street, Apt. No. or PO Box)*

Address *(City, State, Zip)*

Address *(City, State, Zip)*

Place of Employment

Place of Employment

Work Phone Number *(including area code)*

Work Phone Number *(including area code)*

Home Phone Number *(including area code)*

Home Phone Number *(including area code)*

Cell Number *(including area code)*

Cell Number *(including area code)*

Email Address

Email Address

Enrollment Information:

Full Time (M-F) _____ Part Time: (MWF) _____ (TTh) _____ After School Care _____

Anticipated Date of Enrollment _____ Child's Age at Enrollment _____

Affiliation Information: *(Please attach proper affiliation verification per Policies and Procedures Handbook)*

Institution Affiliation (circle one): LSUA LSUE LSU AgCenter University Academy

Affiliation Type (circle one): Student Faculty Staff Alumni & Friends

I understand that it is my responsibility to review the current LSUA Children's Center's Policies and Procedures Handbook on the Children's Center website at <http://childrenscenter.lsua.edu>. I agree to abide by the policies and procedures outlined therein.

LSUA AFFILIATED PARENT'S SIGNATURE

DATE