

Alphabet Soup Learning Center II
38375 Highway 42
Prairieville, LA 70769

Master Card

Child's Name _____ Sex _____ Date of Birth _____

Mother's Name _____ Father's Name _____
Address _____ Address _____

Mother's Place of Employment _____ Father's Place of Employment _____

Mother's Home Number _____ Father's Home Number _____

Mother's Work Number _____ Father's Work Number _____

Mother's Cell Number _____ Father's Cell Number _____

Can mother's cell number receive text messages? _____
Can father's cell number receive text messages? _____

Mother's email address _____ Father's email address _____

Person with whom child lives _____

Child's Doctor _____ Phone Number _____

Insurance _____ Preferred Hospital _____

Dentist Name & Number _____ Dental Ins # _____

DENTIST NAME & NUMBER CANNOT BE LEFT BLANK, IF CHILD HAS NONE, PUT PARENTS DENTIST

In case of emergency, **parents will be called first**. If parents can not be reached, person to call 1) _____ 2) _____

Ph # _____

Relationship to child _____

Does your child have any allergies? If yes, describe _____

Has your child had any difficulty with Hearing: No Yes Vision: No Yes

If yes, describe _____

Does your child have any difficulties or disabilities, which needs our special help or attention? No Yes If yes, describe _____

Past Illnesses _____ Potty Training: Yes No

