

St. Aloysius Child Care Center
1957 Stuart Ave.
Baton Rouge, La 70808
343-1338

Office only - Admission date: _____
Age in Months: _____
Registration: _____

Child's Name: _____ Sex _____ Birthday or Due Date _____

Home Address: _____ Zip _____ Phone _____

1st Parent/ Guardian _____ Email address: _____

Cell Phone _____

Employer _____ Work Phone _____

2nd Parent/Guardian _____ Email address: _____

Cell Phone _____

Employer _____ Work Phone _____

Marital status of parents/guardian: Married _____, Widowed _____, Divorced _____, Separated _____

Child lives with: 1st Parent/Guardian _____, 2nd Parent/Guardian, _____ Other _____

Religious Affiliation: 1st Parent/Guardian _____ 2nd Parent/Guardian _____ Child _____

If Catholic, with which parish are you registered _____

St. Aloysius Parish ID # (if applicable) _____

Desired start date for child _____

Name, Ages, School of Siblings _____

Previous Group Experience _____

Allergies _____

Disabilities _____

Child's Doctor _____ Phone _____

General Health of Child Good _____ Fair _____ Poor _____

Is your child on any kind of maintenance medication? ___ If yes, what? _____

Where did you hear about our program? _____

Please email finished application to Kim at kblair@aloysiusccc.org or mail to address above.