

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 \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Is your child on any kind of maintenance medication? If yes, what? \_\_\_\_\_

Where did you hear about our program? \_\_\_\_\_

*Stewardship of Ministry* -----

Please email finished application to Sharon at [smason@aloysiusccc.org](mailto:smason@aloysiusccc.org) or mail to address above.