

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

Admission date: \_\_\_\_\_  
Age in Months: \_\_\_\_\_  
Registration: \_\_\_\_\_

Application Form

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Sex \_\_\_\_\_ Birthday \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

1st Parent/ Guardian \_\_\_\_\_ Email address: \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Car Phone \_\_\_\_\_ Beeper \_\_\_\_\_

2nd Parent/Guardian \_\_\_\_\_ Email address: \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Car Phone \_\_\_\_\_ Beeper \_\_\_\_\_

Marital status of parents/guardain: Married \_\_\_\_\_, Widowed \_\_\_\_\_, Divorced \_\_\_\_\_, Separated \_\_\_\_\_

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

Session to attend: Fall \_\_\_\_\_, Spring \_\_\_\_\_, Summer \_\_\_\_\_.

Religious Affiliation: 1st Parent/Guardian \_\_\_\_\_ 2nd Parent/Guardian \_\_\_\_\_ Child \_\_\_\_\_

If Catholic, with which parish are you registered? \_\_\_\_\_

Name and Ages \_\_\_\_\_

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? \_\_\_\_\_