ST. ALOYSIUS
CHILD CARE CENTER

Office Use Only
Admissions Date:
Anticipated Age: months
Registration:

ADMISSIONS APPLICATION

Submitting this completed form will place your child on the St. Aloysius Child Care Center waitlist for enrollment. Completed applications can be mailed or sent to Sharon Mason smason@aloysiusccc.org.

Child Information

Child's Name:
Gender: ☐ Boy ☐ Girl ☐ Date of Birth TBD
Child's Doctor:
Is your child taking any kind of maintenance medication? ☐ Yes ☐ No
If yes, please list medications:

Date of Birth *(or Due Date)*:
Desired Start Date:
Doctor's Phone Number:

Family Information

Address
City State Zip Code

Parent/Guardian *(primary contact)*
Name:
Religion:
Church Parish *(if Catholic)*:
Family ID *(if St. Aloysius parishioner)*:
Email Address:
Cell phone:
Work phone:
Employer:
Marital Status: ☐ Married ☐ Separated ☐ Widowed ☐ Divorced
Lives with child: ☐ Yes ☐ No

Parent/Guardian *(secondary contact)*
Name:
Religion:
Church Parish *(if Catholic)*:
Family ID *(if St. Aloysius parishioner)*:
Email Address:
Cell phone:
Work phone:
Employer:
Marital Status: ☐ Married ☐ Separated ☐ Widowed ☐ Divorced
Lives with child: ☐ Yes ☐ No

Names, Ages, Schools of Siblings:

List prior Child Care Experiences:
How did you hear about SACCC?
Why do you want your child to attend St. Aloysius Child Care Center?

Stewardship Efforts

*As a church ministry, families registered in St. Aloysius Parish active in the practice of their faith by their Stewardship of **Prayer**, **Offering** and **Ministry** receive priority for admission into SACCC. See Parent Handbook or visit aloysiusccc.org/admissions-policy.*

Prayer – *Share Mass Attendance* ☐ 4:30pm vigil ☐ 7:00am ☐ 9:00am ☐ 11:00am ☐ 5:30pm ☐ Daily Mass
Offering – *Share Financial Support* ☐ Enrolled in Auto-Draft ☐ Envelopes/Checks ☐ Credit Card
Ministry – *List Ministry Participation*