



Registration Documents

2022-2023

**1957 Stuart Avenue
Baton Rouge, LA 70808**

225-343-1338
aloysiusccc.org

Fed Tax ID or EIN # 72-1078794



Child Information Sheet

Date: _____

Child's Full Name: _____ Sex: _____

Date of Birth: _____

Father's Full Name: _____

Address:

Place of Employment: _____ Work Number: _____

Cell Phone: _____ Email: _____

Mother's Full Name: _____

Address:

Place of Employment: _____ Work Number: _____

Cell Phone: _____ Email: _____

Siblings & Ages:

Allergies:

What are your child's favorite?

Games:

Books:



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Snacks:

Toys:

Foods:

List any fears that your child may have:

List any special tips about caring for your child:

How would you describe your child's personality?

Has your child had any previous group play experience? _____

If yes, where?

Briefly describe your child's daily schedule or routine (include naptime)



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Describe any birthmarks or features on your child and their location

What are your expectations for your child during his or her stay at St Aloysius Child Care Center?

Additional note or comments:



Emergency Contacts/Pick Up Permission Sheet

Child's Name: _____

I hereby give permission for my child to leave the center with the following persons named below. It is the responsibility of the parents to notify the center, in writing, of any change. (Please include the Father and Mother's names)

<u>Date</u>	<u>Name</u>	<u>Relationship</u>	<u>Home/Cell Phone</u>	<u>Work Phone</u>

Child's Doctor: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Parent's Signature: _____ Date: _____



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Child's Name: _____ Date: _____

Sign all blanks that apply to your child. Write NA on those blanks that do not apply to your child.

- 1. I give permission for my child to participate in water play at St. Aloysius Child Care Center. Water play will consist of playing in sprinklers in the play yards or on decks of the Center.**

Signature of Parent or Guardian

- 2. I have reviewed the Centers programs and policies as found in the Parent Handbook which can be found on our website at <https://www.aloysiusccc.org/>.**

Signature of Parent or Guardian

- 3. I have received the list of current community resources.**

Signature of Parent or Guardian

- 4. I give my permission to the Center to care for my child during the time he/she is at the Center.**

Signature of Parent or Guardian

- 5. I give my permission to the Center to administer and/or secure emergency medical treatment for my child.**

Signature of Parent or Guardian



- 6. I give my permission to the Center to take my child on walks around campus and property of St. Aloysius Parish.**

Signature of Parent or Guardian

- 7. I give my permission to the Center to persons authorized by the Center to take pictures of my child. I understand that these pictures will be used for class photo albums, Brightwheel, Pro-Care, in parish newsletter and Center Facebook page for the purpose of Center publicity, in videos to be shown at Center functions and for Center publicity, and for staff training.**

Signature of Parent or Guardian

- 8. I am aware that St. Aloysius Child Care Center utilizes recordings and/or taping of my child such as digital recordings, videotaping, audio recordings web cam while in the Center for observation/security purposes.**

Signature of Parent or Guardian

- 9. I give permission to the Center to display my child's name and allergy and post it in an area that is accessed by the public, such as the dining area and classroom.**

Signature of Parent or Guardian

- 10. I give my permission to the Center to display my child's name and information concerning medication needed for allergic reactions, including, but not limited to, Epi Pens, Benadryl and Nebulizers in an area that is accessed by the public, such as the dining area and classroom.**

Signature of Parent or Guardian



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CHILD CARE CENTER

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Automatic Bank Draft Authorization

St. Aloysius Child Care Center requires tuition to be paid via ACH Debit.

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email: _____

Please automatically draft my bank account on the 1st of each month to pay tuition for

Child's name / Children

[Please attach voided check here.]

I hereby authorize St. Aloysius Child Care Center to process debit entries to my checking account each month. This authority will remain in effect until I give reasonable notification to terminate this authorization.

Authorized Signer on account

Date