



# Registration Documents

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

225-343-1338

[aloyusccc.org](http://aloyusccc.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:

\_\_\_\_\_

\_\_\_\_\_



**ST. ALOYSIUS**  
**CHILD CARE CENTER**

**Snacks:**

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**Toys:**

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**Foods:**

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**List any fears that your child may have:**

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**List any special tips about caring for your child:**

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**How would you describe your child's personality?**

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**Has your child had any previous group play experience? \_\_\_\_\_**  
**If yes, where?**

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**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**

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

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**Additional note or comments:**

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## 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: \_\_\_\_\_



**ST. ALOYSIUS**  
**CHILD CARE CENTER**

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.**

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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.**

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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.**

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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.**

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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.**

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Signature of Parent or Guardian



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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 1<sup>st</sup> 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**