

Anticipated Age: Registration:

months

## ADMISSIONS APPLICATION

Submitting this completed form will place your child on the St. Aloysius Child Care Center waitlist for enrollment. Completed applications must be e-mailed to: director@aloysiusccc.org.

Child Information

Child's Name: Date of Birth (or Due Date):

Gender: **Desired Start Date:** Girl Date of Birth TBD Boy

Child's Doctor: Doctor's Phone Number:

Is your child taking any kind of maintenance medication? Yes No

If yes, please list medications:

**Family Information** 

**Address** 

City State Zip Code

Parent/Guardian (primary contact) Parent/Guardian (secondary contact)

Name: Name: Religion: Religion:

Church Parish (if Catholic): Church Parish (if Catholic):

Family ID (if St. Aloysius parishioner): Family ID (if St. Aloysius parishioner):

**Email Address: Email Address:** Cell phone: Cell phone: Work phone: Work phone: Employer: **Employer:** 

Marital Status: Married Separated Marital Status: Married Separated

> Widowed Divorced Widowed Divorced

Lives with child: Lives with child: Yes No 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