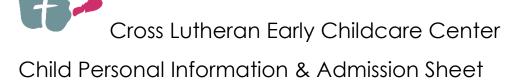


Cross Lutheran Early Childcare Center

Enrollment Application

Today's Date	e:		Referred by:			
Parent/Guar	dian Name:					
Address:						
Phone Numb	oer:		_			
Child's	Name:					
Birth Do	ıte:	Age:	Age:			
Child's	Name:					
Birth Do	ıte:	Age:		Gender		
• Child's	Name:					
Birth Do	Birth Date:		Age:		Gender	
• Child's	Name:					
Birth Do			Age:		Gender	
	Enter th	ne times in whic	ch you are need	ding care for.		
	Monday	Tuesday	Wednesday	Thursday	Friday	
Start time						
Pick up						

Paid Hold Fee: Start Date: Office Sign Off



We encourage parents to use this form as a method of communicating about your childrearing practices and your child's background. Sharing this information with us will help our staff do a better job at meeting our child's needs and will help with transition from home to center.

Check program your child will be in:

- o Infant Room
- o Toddler Room
- o Preschool with Daycare (All Day)
- o Preschool Only (9 to 11:30)
- Latchkey

Child's Name:			_ Nickname:		
Birthdate:	_ Age:	Sex:	Phone:		
Address:					
(Street)		(City)	(State)	(Zip Code)	
Family Members in the Househo	ld:				
Name:	Re	elationship:		Age:	
Other Children in the family:					
Name:		Age:		Sex:	
Pets in the home (name and typ	oe of animo	ıl):			

Has your child had any previous group experiences? Please describe:
Has there been any changes in the family since the child's birth? Examples: Divorce, death, illness,
relocation of family, etc.
Does your child have any specific physical needs that we should be aware of? Examples: Nap, toileting, allergies, medical conditions, etc.
Does your child have any specific emotional needs that we should be aware of? Example: Fears, special blanket, etc.
What are some of your child's favorite things to do?
Any other information that you would like to share with us.
What do you hope your child will gain from his/her time at Cross Lutheran Early Childcare Center?