

# Cross Lutheran Early Childcare Center

## Enrollment Application

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Today's Date: \_\_\_\_\_ Referred by: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

• Child's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender \_\_\_\_\_

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Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender \_\_\_\_\_

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Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender \_\_\_\_\_

• Child's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender \_\_\_\_\_

Enter the times in which you are needing care for.

	Monday	Tuesday	Wednesday	Thursday	Friday
Start time					
Pick up Time					

Paid Hold Fee:

Start Date:

Office Sign Off