



5572 Mercy Way · Lafayette, IN 47905 (765) 449-4600 fax: (765) 449-3705 www.faithlafayette.org/infantcare

"Seeking to be a blessing to families in our community"

Home Mother's Work	Father's Wo	rk	
Child's Name			
Last	First	Mide	dle
Address City	State		Zip
Birth Date Age Birth P	lace	_ Male =	Female
Previous Daycare Attended (if applicable)			
Address	C'I		
Street	City	State	Zip
Father		Mother	
Full Name	Full Name		
Phone	Phone		
Address (if different from child's)	Address (if different from child's)		
Occupation	Occupation		
Employer	Employer		
Business Address			
Work Phone	Work Phone		
	Pager/Cellular Phone		
Child lives with: Both Parents Mother urch Affiliation (if applicable):	Father Gua	rdian	
NERAL: Des child currently attend Day Care? Yes No if s	o, where?		
es child have special needs? Yes No Please e	explain:		
ccipline problems? • Yes • No Please explain: _	•		
nderstand that I will be required to abide by all of the ndbook and the supplementary handbook.	ne policies and procedu	es clearly p	presented in both
rent Signature			