

# Zion Child Care Center

## A Ministry of Zion Lutheran Church

### REGISTRATION FORM

Date \_\_\_\_\_

Name of Child \_\_\_\_\_

Child's Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male/female

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Child's Legal Guardian \_\_\_\_\_

#### Contact Information

Father's Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Mother's Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Preferred Contact Number:** ( ) \_\_\_\_\_

Child Care Hours are from

7:00 a.m. to 5:30 p.m.

Our Half-Day programs are

7:30 am-12:00 pm.

1:00 pm-5:30 pm.

Hours of care need: Full-Day Half-Day AM Half-Day PM

Please circle desired days: M T W TH F

Intended Start date \_\_\_\_\_

Every effort will be made to accommodate your child as soon as possible.

**When a position is open, the non-refundable registration fee of \$ \_\_\_\_\_ is required and confirms your child's enrollment.**