

**Zion Lutheran Church of Wayside
Child Care Center**

Application for Enrollment

Child Information

Name of Child:(Last,First,Middle)			
Child's Nickname			
Address (City, State, Zip)			Home Phone
Date of Birth	Sex	Enrollment Date:	(Circle one) Full Time or Part Time Weekly Tuition

Parent Information

Father: _____ Father's Work Place: _____ Address: _____		(If different from Child) Address: _____ City _____ Zip _____	Phone #: _____ Cell Phone: _____
Mother: _____ Mother's Work Place: _____ Address: _____		(If different from Child) Address: _____ City _____ Zip _____	Phone #: _____ Cell Phone: _____
Marital Status of Parents: Married__ Separated __ Divorced__ Widowed__ Single__			
Step Parent or Legal Guardian:(circle one) _____ Work place: _____ Phone: _____			
With whom does the child reside? _____ Who has Custody? _____ Who is authorized to pick up you child? _____			

Emergency Contact Information

List two people who will assume temporary care of your child if you cannot be reached at home or at work.		
1.	Relationship	Phone #
2.	Relationship	Phone #
Child's Physician or Medical Facility		
Doctor's Name:		Clinic Name:
Address:		Phone #:
Dentist's Name:		Clinic Name:
Address:		Phone #
Medical conditions the staff should be aware of		
Allergies(Food or Medications)		

The above information is true to the best of my knowledge. Tuition is due on Monday or first day of week that child attends **prior to care**.

Child Care services will be refused after one week of nonpayment. Enrollment fee of \$30 per family is non-refundable.

Parent or Guardian Signature:	Date:
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