

Zion Lutheran Child Care Center

N48 W18700 Lisbon Road
Menomonee Falls, WI 53051
262-781-6719



REGISTRATION FORM

CHILD'S FULL NAME _____ BIRTHDAY: _____

ADDRESS _____

CITY _____ ZIP _____ PHONE# _____

MOTHER'S NAME _____ FATHER'S NAME _____

ADDRESS & PHONE IF DIFFERENT _____

MOTHER'S PLACE OF EMPLOYMENT _____ HOURS _____

ADDRESS _____ PHONE# _____

MOTHER'S DRIVER'S LICENSE # _____

FATHER'S PLACE OF EMPLOYMENT _____ HOURS _____

ADDRESS _____ PHONE# _____

FATHER'S DRIVER'S LICENSE # _____

PARENT'S E-MAIL: _____

NAME OF PHYSICIAN _____ PHONE # _____

ADDRESS _____

STUDENT AT ZION: YES ___ NO ___ IF NO PLEASE LIST SCHOOL: _____

BAPTIZED: YES ___ NO ___ IF YES, PLEASE LIST DATE BAPTIZED: _____

PHONE# _____ HOME CHURCH: _____

CHILD'S DAILY SCHEDULE (check all that apply):

FULL TIME _____ PART TIME _____ BEFORE SCHOOL _____ AFTER SCHOOL _____

MON. _____ TUES. _____ WED. _____ THURS. _____ FRI. _____

PLEASE LIST CHILD'S HOURS PER DAY:

MON. _____ TUES. _____ WED. _____ THURS. _____ FRI. _____

CHILD'S STARTING DATE: _____