

## **Childcare Registration**

Faith Lutheran Childcare

Date \_\_\_\_\_

Student Information				
Child's Name Last Fi	rst M.I. Current age			
Date of Birth:/ Ethnic Origin:	Asian/Pacific Islander 🔲 Black 📮 Caucasian			
Gender: ☐ Male ☐ Female ☐	Native American			
Public School or class at FLS child is/will be attending:	AM/PM			
Childcare Information				
☐ New enrollment ☐ Desired start date ☐ Re-enrollment	School Year			
Check all that apply  ☐ Full-time (includes 5 days a week when not in school) ☐ Drop-in/Emergency only ☐ Part time (list days needed)				
Home Contact Information				
AddressStreet	City State Zip			
Primary Phone Primary E-mail				
	Family Information (Student's home address above is also the address of family members named below)			
Family Information (Student's home address above is also the	address of family members named below)			
Family Information (Student's home address above is also the ☐ Father ☐ Stepfather ☐ Other	address of family members named below)  Mother  Stepmother  Other			
☐ Father ☐ Stepfather ☐ Other	☐ Mother ☐ Stepmother ☐ Other			
□ Father □ Stepfather □ Other  Father/Guardian 1	☐ Mother ☐ Stepmother ☐ Other  Mother/Guardian 2			
Father Other  Occupation	☐ Mother ☐ Stepmother ☐ Other  Mother/Guardian 2  Occupation			
Father Other  Grapher Other  Father/Guardian 1  Occupation  Employer	☐ Mother ☐ Stepmother ☐ Other  Mother/Guardian 2  Occupation  Employer			
Father Stepfather Other  Father/Guardian 1  Occupation  Employer  Cell Phone	☐ Mother ☐ Stepmother ☐ Other  Mother/Guardian 2  Occupation  Employer  Cell Phone			
Father Stepfather Other  Father/Guardian 1  Occupation  Employer  Cell Phone  Work Phone	Mother Stepmother Other  Mother/Guardian 2  Occupation  Employer  Cell Phone  Work Phone  E-mail			
Father Stepfather Other  Father/Guardian 1  Occupation  Employer  Cell Phone  Work Phone  E-mail	Mother Stepmother Other  Mother/Guardian 2  Occupation  Employer  Cell Phone  Work Phone  E-mail  Custody			
Father Stepfather Other  Father/Guardian 1  Occupation  Employer  Cell Phone  Work Phone  E-mail  Childcare Communication Information for Children in Joint	Mother Stepmother Other  Mother/Guardian 2  Occupation  Employer  Cell Phone  Work Phone  E-mail  Custody  he purpose of receiving childcare communications.			
Father Stepfather Other  Father/Guardian 1  Occupation  Employer  Cell Phone  Work Phone  E-mail  Childcare Communication Information for Children in Joint  Please list name and address of joint-custodial parent for the state of the state	Mother Stepmother Other  Mother/Guardian 2  Occupation  Employer  Cell Phone  Work Phone  E-mail  Custody  he purpose of receiving childcare communications.  Relationship:			
Father Stepfather Other  Father/Guardian 1  Occupation  Employer  Cell Phone  Work Phone  E-mail  Childcare Communication Information for Children in Joint  Please list name and address of joint-custodial parent for t  Home Address	Mother Stepmother Other  Mother/Guardian 2  Occupation  Employer  Cell Phone  Work Phone  E-mail  Custody  he purpose of receiving childcare communications.  Relationship:  Father Mother			

Additional Family Information			
If child is living with both parents, skip to the next section. If student is not living with both parents, answer the following?			
Is there a restraining order in effect? $\Box$ Yes $\Box$ No If yes, plan must be on file for enforcement.			
Restraining order is against   Mother   Father   Other			
Is there a parenting plan in effect? $\square$ Yes $\square$ No If yes, plan must be on file for enforcement.			
Sibling Information			
Sibling	Attends FLS  Yes  No	Grade	
Sibling	Attends FLS  Yes  No	Grade	
Sibling	Attends FLS 🔲 Yes 🔲 No	Grade	
Previous School			
Previous school/childcare attended	Phone		
Address			
Has the applicant ever been recommended for or been involved in an early intervention program?			
Has the applicant ever been suspended or refused admission to another school or childcare?			
Has the applicant been diagnosed with a learning disability?		☐ Yes ☐ No	
Has the applicant ever had an I.E.P (Individual Education Plan)	?	☐ Yes ☐ No	
(If yes, please submit a copy with the application)			
General Information			
Why do you wish to enroll your child at Faith Lutheran Childcare?			
with do you wish to enfoli your child at raith Eutheran Childcare:			
How did you hear about Faith Lutheran Childcare?			
Statement of Non-discrimination			
We admit student/children of any race, color, or national/ethnic origin to all rights, privileges, programs, and activities			
generally made available to students at school. We do not discriminate on the basis or race, color, or national/ethnic			
origin in administration of our policies.			
Payment			
Statements are sent via e-mail. Please provide the e-mail add	ess where you want your statem	ents sent.	
Name E-mail _			
☐ If you prefer to receive statements through the mail, please check the box (and leave the e-mail line above blank).			
<ul> <li>Cash and check are the preferred method of payment for tuition and fees, but most credit cards are accepted.</li> </ul>			
<ul> <li>Please make checks payable to Faith Lutheran School and Childcare or FLS</li> </ul>			
• Payments are due by the 5 <sup>th</sup> of every month.			