

# LITTLE LAMBS CHILD CARE CENTER

## APPLICATION FOR ENROLLMENT

325 E Decorah Rd West Bend, WI 53095 | 262-338-1764 | mail@llwestbend.com | www.goodshepherdwels.org

*Please complete both sides of this form and return to Little Lambs office. Registration fees are non-refundable.*

**Place a check by your choice for the 2020/21 school year:**

- ☐ My child is under 1 year old  
☐ My child is older than 1 but less than 2  
☐ My child is older than 2 but less than 3  
☐ My child is older than 3 but less than 4  
☐ My child is older than 4 but less than 6  
☐ School-age Care (before-after school care)-Courage Room  
     ☐ Before Care 6:00a.m.-7:30a.m.  
     ☐ After Care 3:30p.m.-6:00p.m.

Days of the week needed MON TUES WED THURS FRI (circle all that apply)

Time of drop off \_\_\_\_\_ Time of pick up \_\_\_\_\_

Start date needed \_\_\_\_\_

**Child Information** *(also include a copy of your child's birth certificate and immunization records.)*

Name of Child: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ M/F

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Baptism date: \_\_\_\_\_ Church where baptized: \_\_\_\_\_

**Parent Information**

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone : (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Address if different than child's: \_\_\_\_\_

Address if different than child's: \_\_\_\_\_

Marital Status: Mar/Sep/Div/Wid/Single

Marital Status: Mar/Sep/Div/Wid/Single

Church Name: \_\_\_\_\_

Church Name: \_\_\_\_\_

Location: \_\_\_\_\_

Location: \_\_\_\_\_

Pastor Name: \_\_\_\_\_

Pastor Name: \_\_\_\_\_

Member Yes/No

Member Yes/No

**PLEASE FILL OUT BACK OF FORM TO COMPLETE REGISTRATION**

### Family Information

Other children in family (names and ages):

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If there has been a separation or divorce, with whom is the child living?

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If the child is living with someone other than parents, please complete:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Church Membership: \_\_\_\_\_

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### Church Membership

If you are not a member of Good Shepherd Ev. Lutheran Church or Shepherd of the Hills Lutheran Church, by whom were you recommended?

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If you are not a member of a Lutheran church, would you be willing to attend a series of classes on the teachings of the Lutheran church? (Attendance at these classes does NOT obligate you to become a member.) **Yes/No**

### Allergies

Please list any allergies your child has and the reaction to the allergy.

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*We pledge our support of Little Lambs Child Care Center. We also accept our financial responsibility and pledge to pay the fees and applicable rates in accordance with the policy of Little Lambs Child Care Center.*

**Waiting list applicants: This form will expire 1 year from date signed.**

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

#### For Center Use Only

**Date on waiting list:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**(If spot offered) Registration Fee: Cash/Check#** \_\_\_\_\_