

LITTLE LAMBS CHILD CARE CENTER

APPLICATION FOR NEW ENROLLMENT

SCHOOL-AGE BEFORE/AFTER CARE

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 the childcare center office. Registration fees are non-refundable.

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 _____

\$20.00 Registration fee required.

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

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Other children in family (names and ages):

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

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

Name: _____

Address: _____

Phone: (____) _____

Church Membership: _____

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?

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.

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.

Signature of Parent/Guardian: _____ Date: ____/____/____

For Center Use Only

Date on waiting list: ____/____/____

Registration Fee: Cash/Check# _____