

LIVING WORD CHILD DEVELOPMENT CENTER DAYCARE REGISTRATION FORM

Child' name _____ Child's Birth date: _____
 Child' Nickname _____ Home Phone: _____
 Parent(s) Name(s) _____ Work Phone: _____
 Home Address: _____ Enrollment Date: _____
 Cell Phone _____ Cell
 Phone _____ Email _____

	IN	OUT
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Any additional scheduling information _____

Registration fee: \$45S/\$65T/\$70F Paid: Check # _____ Cash _____ Date _____
Special registration fee due for holding a spot over 30 days – You must pay the regular registration fee plus one weeks tuition. **Registration fees are due annually and are billed on your September invoice.**

We do not pro-rate annual registration fees if you enter our program after September 1st.

I understand that a two week notice is required upon withdrawal of my child from the center. If I remove my child from the center before or during the two week notice, tuition fees are still due for that time period.

I verify that the schedule above is correct for my child and understand the registration fees and tuition fee schedule policies as listed on the Day Care Rates & Policies form.

Parent's Signature _____ Date _____

Please check the appropriate box listed below:

I plan on year round daycare _____ I plan to take the summer off each year _____

I would like information on your school age program(s) School Year _____ Summer _____ Both _____

I would like information on Living Word Lutheran Church _____ I would like a call from the Pastor _____

I was referred by _____

Enrollment is on a first come first serve basis. Completing this form does not guarantee a spot for your child. You will receive a confirming letter of enrollment once we receive this form and your deposit.