

FAITH CHILD CARE, INC.
601 East Glendale Avenue, Alice Street Entrance
Appleton, WI 54911 Phone (920) 739-7772
Sandra Amundson, Administrative Director

CHILD REGISTRATION FORM

Child's last name _____ First name _____

Nickname (optional) _____ Date of Birth _____

Home Address: _____

Home Phone Number: _____

E-mail address: _____

Mother's Name: _____ Father's Name: _____

Place of Employment: _____ Place of Employment: _____

Work Address: _____ Work Address: _____

Work Phone Number: _____ Work Phone Number: _____

Cell Number: _____ Cell Number: _____

Occupation: _____ Occupation: _____

Starting date for this child: _____ Referred by _____

Days and Approximate times care will be needed:

Monday	Tuesday	Wednesday	Thursday	Friday
_____	_____	_____	_____	_____

(Parent/Guardian Signature)

(Director Signature)

***** Office Use Only *****

Date deposit was received _____

Room Assignment: _____

Registration form was received _____

Food Program Status: _____

Date parent was notified of acceptance _____

Received parent handbook _____

Received parent packet _____