

# Living Word Child Development Center Daycare Registration

## LWCDC Registration

Child' name \_\_\_\_\_

Child's Birth date: \_\_\_\_\_

Child' Nickname \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

Enrollment Date: \_\_\_\_\_

	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 week tuition. Tuition will be refunded upon entering the center for the same number of days you will be scheduled. Tuition will not be refunded if you choose not to attend the center or for days we held and you will not be committing to after all.

**I verify that the schedule above is correct for my child. If you do not want childcare during the summer a one week tuition deposit is required by 5/31 in addition to the non-refundable annual renewal fee. The one week tuition deposit will be applied as a credit on your first invoice in the fall.**

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 \_\_\_\_\_