



Immanuel Lutheran Little Lamb Childcare
Registration Form
1285 Main Street
Hamilton, Ohio

Our Childcare has been established by the members of Immanuel Lutheran Church to provide quality Christian education and care for the children of our membership and other children. Education is founded in God’s Word and His Commands, as we witness to the activity of God the Father, Son, and Holy Spirit for our salvation. With this foundation, children are able to see themselves as God’s creation and His children. They are enabled to grow inwardly in spirit, knowledge, and relationships to others; and outwardly in physical and social skills. They will develop life skill, foster respect in God, country, family, and self and grow in understanding of their place in God’s creation.

Our staff, Board of Christian Education, and Director welcome your application to join us as a member of the student body family of Immanuel Lutheran School.

Child’s Name: _____ Grade Entering: _____ Today’s Date: _____

Child’s Age: _____ Child’s Social Security Number: _____ Start Date: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

School District of Residence: _____

If your child does not attend Immanuel, specify what school your child/ren attend:

Former Childcare with address: _____

How did you hear about our childcare? _____

Date of Birth: _____ Place of Birth: _____

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I agree to have my child's name, parents' name, and phone number (as listed on your child's registration form) included on the required rosters, which will be made available, upon request, to each child in the program.

(Check one) _____ Yes _____ No

Check days and list times that you will need childcare:

_____ Monday	_____ Time
_____ Tuesday	_____ Time
_____ Wednesday	_____ Time
_____ Thursday	_____ Time
_____ Friday	_____ Time

Please list any other important information about your child that you feel we need to know. (I.E. restraining orders, custody issues, physical impairments, health issues, allergies, etc.) _____

Father's Information:

Name _____
Address _____
Home Phone _____
Employer _____
Occupation _____
Church Membership _____
Father's Social Security # _____

Mother's Information:

Name _____
Address _____
Home Phone _____
Employer _____
Occupation _____
Church Membership _____
Mother's Social Security # _____

Does child take any medications? _____ Please list: _____

All admissions are on a six-week trial basis. Immanuel Lutheran Childcare does not discriminate on the basis of race, color, national or ethnic origin in admission of students. All students are offered participation in all programs. The childcare is not an alternative to any court or state desegregation efforts.

Signature of Parent _____ Date _____