Immanuel Lutheran Childcare Application

Where YOUR children are treated like OUR family!

1285 Main St. Hamilton Ohio 45013 513-895-9212 or 895-0992

How did you hear about our childcare?_____

Child's Name: _____ Grade: _____Start Date: _____

School your child attends if different than Immanuel: _____

Age _____ Child's Social Security #_____ Church You Attend _____

Mother's Name _____ Social Security #: _____

Mother's address: _____

Mother's place of employment: _____

Father's Name _____ Social Security #: _____

Father's address if different: _____

Father's place of employment: _____

Any other information we should know: _____

Former childcare including address: _____

Check days and **list times** you will need childcare: Circle days and list times or check here _____if your times will vary.

It is your responsibility to communicate with Childcare on a weekly basis what those times will be.

M _____Time T _____Time W _____Time Th _____ Time F _____ Time

I agree to have my child's information listed on the required rosters which will be made available to other parents upon request (for birthday party invitations, etc.). _____ Yes _____ No

All admissions are on a six-week trial basis. Immanuel does not discriminate on the basis of race, color, national or ethnic origin in admission of students.

Signature of Parent _____ Date _____