



## Child Care Registration Form

Name of Child: \_\_\_\_\_

Child's Birth Date: \_\_\_\_\_

Child Care Start Date: \_\_\_\_\_

Name of Parent(s): \_\_\_\_\_

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

\_\_\_\_\_

Phone Number(s): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please circle the days that care will be needed:

M    T    W    Th    F

Times: \_\_\_\_\_

If School Age:

Current Grade: \_\_\_\_\_

School Attending: \_\_\_\_\_

Please circle the type of care that will be needed:

Before School Care

After School Care

Before & After School Care

Please return this form with the non-refundable registration fee of \$80 (plus \$25 for each additional child) to save your spot for child care.

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