

Registration Form

Martin Luther Child Development Center

Name of Child: _____

Birth date: _____

Start Date: _____

Name of Parent: _____

Address: _____

Phone Number: _____

If School Age, current grade: _____

School attending: _____

Please circle the days that care will be needed:

M T W Th F

Times: _____

If School Age, do you need:

Before School

After School

Before/After School

Please turn this form in with the nonrefundable registration fee of \$70 (\$95 for a family) to save your spot for childcare.