Child Care Registration Form

7835 W Grant St,
West Allis, WI 53219
414-541-6251 Ext #3
Tracy.Schaber@splcwa.org

Desired Start Date: _____

Child's Name:_____

Date of Birth/ Due Date:_____

Parent(s)/ Legal Guardian(s) Contact Information:

Name: _____ Relationship to Child: _____

Cell Phone Number: _____ Work Phone Number: _____

Email Address:_____

Name: _____ Relationship to Child: _____

Cell Phone Number: _____ Work Phone Number: _____

Email Address:_____

Name of Sibling (if applicable):_____ Date of Birth:_____

Check the following boxes that apply to you:

	Staff (Church,School, Child Care Center)		School Family		Church Member
	Current Child Care Family		Community		

Childcare Preference: Please complete what your child care needs with be:

	52 week (year round)		School year (August- June)

What days of the week will you need and expected hours?

	Monday		Tuesday		Wednesday		Thursday		Friday

Arrival Time: _____ to Departure Time:_____

Receipt of this form by the child care office does not guarantee a spot. All waitlist policies apply.
Date received:_____