



Christ Lutheran
CHILD CARE CENTER

8300 Germantown Avenue
Philadelphia, PA 19118
215.247.1330

directorchildcare@christascension.org

Registration Form

This form begins the process of enrolling your child. Registration is guaranteed upon completion of enrollment papers and payment of the first month's tuition. Please return this form, along with a non-refundable registration fee of \$55. Each sibling registering is an additional \$35.

School Year _____ Today's Date _____

Name of Child _____ Birth Date _____

Address _____

Name of Parents/Guardians _____

Home Phone _____ Work Phone _____

Start Date _____

Programs *(please check program and pick up time)*

Infant Full time ONLY 7:30 am to ___ 4:00 pm ___ 5:00 pm ___ 6:00 pm
(6 wks—1)

Younger Toddler 3, 4, or 5 days per week; full time or part time
(1-2) Part Time 8:30 am to 12:30 pm ___
Full Time 7:30 am to ___ 4:00 pm ___ 5:00 pm ___ 6:00 pm

Older Toddler 3, 4, or 5 days per week; full time or part time
(2-3) Part Time 8:30 am to 12:30 pm ___
Full Time 7:30 am to ___ 4:00 pm ___ 5:00 pm ___ 6:00 pm

Preschool 3, 4, or 5 days per week; full time or part time
(3-4) Part Time 8:30 am to 12:30 pm ___
Full Time 7:30 am to ___ 4:00 pm ___ 5:00 pm ___ 6:00 pm

Pre-K 3, 4, or 5 days per week; full time or part time
(4-5) Part Time 8:30 am to 12:30 pm ___
Full Time 7:30 am to ___ 4:00 pm ___ 5:00 pm ___ 6:00 pm

Days of Attendance Required *(please check)*

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____