



Carpenter's Shop Christian Daycare

819 E. Silver Spring Drive
Whitefish Bay, WI 53217
414-431-0306

REGISTRATION FORM

Desired Start Date:
(Please specify year)

January _____
June _____
September _____

Child's Name _____ M or F Date of Birth/Due Date _____

Address/City/State/Zip _____

Telephone _____

Email Address _____

Are you a church member of UMCWFB? Yes _____ No _____

If No, would you like information on becoming a member? Yes _____ No _____

PARENTS OR GUARDIANS

Mother's Name	Father's Name
Place of Employment	Place of Employment
Work Phone	Work Phone
Cell Phone	Cell Phone

DESIRED SCHEDULE FOR CHILD

Must attend at least 2 sessions

<u>DAY</u>	<u>HOURS</u>
Monday	_____ to _____
Tuesday	_____ to _____
Wednesday	_____ to _____
Thursday	_____ to _____
Friday	_____ to _____

AFTER SCHOOL INFORMATION

School Name _____

Session at That School: AM _____ PM _____ Full _____

Carpenter's Shop Van Service Needed: Yes _____ No _____

Care needed at Carpenter's Shop:

After school _____

Recommended by: _____

Signature _____ Date _____

Registration Fee \$50 - **NON-REFUNDABLE**: *

Office: Check Number _____

Date Received _____

*Submission of Registration application does not guarantee placement