

Children of Christ Childcare Center

Pre-Registration Form

Child's Name: _____

Date of Birth: _____ Grade: _____

Child's Name: _____

Date of Birth: _____ Grade: _____

Child's Name: _____

Date of Birth: _____ Grade: _____

Parent or Guardian's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Parent or Guardian's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Please indicate where and when care will be needed:

___ Menomonee Falls ___ Germantown

- Monday From: _____ To: _____
- Tuesday From: _____ To: _____
- Wednesday From: _____ To: _____
- Thursday From: _____ To: _____
- Friday From: _____ To: _____