Ankeny Christian Child Care

Registration Form

Identification Information:

|  |  |  |
| --- | --- | --- |
| Child’s Name:  | Birth Date:  | Sex:  |
| Address: | City:  | ST:  | Zip:  |
| Enrollment Date:  |

My child will attend:

[ ]  Monday [ ]  Tuesday [ ]  Wednesday [ ]  Thursday [ ]  Friday [ ]  No-School Days [ ]  Early Dismissal Days [ ]  Summer Program [ ]  School Breaks

|  |  |
| --- | --- |
| Mother’s Name:  | Phone: |
| Address: | City:  | ST:  | Zip:  |
| Employer:  | Phone: |
| Email Address:  |
| Social Security Number: |

|  |  |
| --- | --- |
| Father’s Name: | Phone:  |
| Address:  | City:  | ST:  | Zip:  |
| Employer:  | Phone: |
| Email Address:  |
| Social Security Number:  |

|  |
| --- |
| Family HistoryMarital Status of Parents:  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent Signature) (Date)

Office use only

[ ]  New Enrollment [ ]  Updating Paperwork

Registration fee paid: $\_\_\_\_\_\_\_\_\_\_\_ Check #\_\_\_\_\_\_\_\_\_ [ ]  Paid cash Receipt #\_\_\_\_\_\_\_