



# 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 _____ |

### BEFORE / 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:

Before school \_\_\_\_\_ After school \_\_\_\_\_

Recommended by: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Registration Fee \$35 - **NON-REFUNDABLE:**

Office: Check Number \_\_\_\_\_

Date Received \_\_\_\_\_