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 History  Marital Status of Parents: |

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

(Parent Signature) (Date)

Office use only

New Enrollment  Updating Paperwork

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