

**OZAUKEE DAY CARE & LEARNING CENTERS
REGISTRATION FORM**

Starting Date _____

Child's Name _____

Age _____ Birth Date _____

Names of Parents or Guardians _____

Home Address _____

Home Phone _____

Mother's Work _____ Phone _____

Father's Work _____ Phone _____

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PLEASE INDICATE BELOW THE DAYS AND TIMES IN WHICH YOU WILL BE NEEDING CHILD CARE:

	MON.	TUES.	WED.	THURS.	FRI.
Starting Time:	_____	_____	_____	_____	_____
Ending Time:	_____	_____	_____	_____	_____

Is van service required? YES NO

Is your schedule consistent? YES NO

If NO, please describe below

