



**LUTHERAN HOME**  
CHILDREN'S CENTER

**Waiting List Application**

Today's Date:

Employee of LutheranLiving Services  
(yes/no):

Child's Name:

Birthdate/Due Date:  
Child's Age:

Mother's Name:	
Father's Name:	
Home Address:	
Home Phone:	
Mother's work place/phone:	
Father's work place/phone:	
Email Address:	
First day of care needed:	
Days of week care needed:	
Specific hours of the day(e.g. 8:30-5:00) :	

Please tell us how you heard about Lutheran Home Children's Center:

Email completed form to Teshonda Evans: [teshonda.evans@thelutheranhome.org](mailto:teshonda.evans@thelutheranhome.org)