

Children's Center Waiting List Application

(yes/no):

Today's Date:

Employee of LutheranLiving Services

Child's Name:	Birthday/Due Date: Child's Age:
Parent Name:	
Parent Name:	
Home Address:	
Home Phone:	
Parent's work place/phone:	
Parent'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: