

OFFICE USE ONLY

- Registration fee PAID
- Cash    Check    CC
- Scholarship
- Balance: \_\_\_\_\_

**LBC Wednesday Night/Titus Childcare  
Registration Form**

Date: \_\_\_\_\_

LBC Attendee:  Yes    No

**WEDNESDAY NIGHT:** \$15 per child

**TITUS:** \$30 per child, \$60 maximum per family

Child's Name: \_\_\_\_\_  Male    Female

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (Zip)

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

- Nursery    Walkers    2s    3s    4s    5s

**Parent's Location for Accessibility**

Parent's Wednesday night/Tuesday morning location at LBC: \_\_\_\_\_

Name of class attending, LifeGroup or area of service: \_\_\_\_\_

**Medical Information**

Food allergies: \_\_\_\_\_

Medication: \_\_\_\_\_

Diabetes: \_\_\_\_\_ Asthma: \_\_\_\_\_ Epilepsy: \_\_\_\_\_ Seizure: \_\_\_\_\_

Other: \_\_\_\_\_

