

family life ADVENTURELAND

OFFICE USE ONLY

- Registration fee PAID
 Cash Check CC
 Scholarship
 Balance: _____

LBC Wednesday Night/Titus Childcare Registration Form

Date: _____

LBC Attendee: Yes No

Please check all that apply:

WEDNESDAY NIGHT: \$35 per child, \$70 maximum per family

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: _____