Kiddie Kare
Child Care Ministry

A Ministry of the Winona Lake Free Methodist Church
902 College Avenue, Winona Lake, IN 46590
574-267-7260

Please indicate sessions your child will attend (check):

____**Before School Session**	**7:30 a.m.-9:00a.m.**
____**Morning Session**	**9:00 a.m.-11:30 a.m.**
____**Afternoon Session**	**11:30 a.m.-3:30 p.m.**
____**After School Session**	**3:30 p.m.-5:30 p.m.**

Please indicate days your child will attend (circle):

Monday Tuesday Wednesday Thursday Friday

Name of Child: _____ \ _____ Date of Birth: _____
First Middle Last Nickname

Address: _____ Current Age: _____

Grade for this upcoming school year: _____

City/State: _____ Zip: _____ Phone: _____

E-mail address (to send birthday cards, etc.) _____

Father's Name: _____ Address: _____ Phone: _____

Father's Employer: _____ Work Phone: _____ Full or Part time: _____

Mother's Name: _____ Address: _____ Phone: _____

Mother's Employer: _____ Work Phone: _____ Full or Part time: _____

Parents are: Married [ ] Separated [ ] Divorced [ ] Single [ ]

Who will primarily pick up your child? _____

Is there any one that may occasionally pick up your child? _____

Is there anyone who should never be allowed to pick up your child? _____

Names of adults in household and relationship to child: _____ ____

Other children of the household are:

Name	Date of Birth	Relationship	Name	Date of Birth	Relationship
1.			5,		
2.			6.		
3.			7.		
4.			8.		

Parent or Guardian Signature _____ Date _____