

**St. Paul’s Lutheran Early Childhood Center**

**2016-2017 Registration Form**

Email: [stpaulscares@cox.net](mailto:stpaulscares@cox.net) [www.splecc.org](http://www.splecc.org)

**Infants**

*6 weeks-24 months*

6:30 am-5:30 pm

M-F $760/Month

$75 Registration Fee (non-refundable) due at time of registration

**Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Children will bring bottles, food, diapers/pull-ups with easy open side tabs, change of clothing and wipes.**

* **SPLECC will be closed on the following holidays:** New Year’s Eve Day, New Year’s Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the day after Thanksgiving, Christmas Eve Day, and Christmas Day.
* **SPLECC will close on snow days** when Council Bluffs Community Schools closes or announces a late start.

\*St. Paul’s Lutheran Church members will receive 50% off of the registration fee. \*

**Please complete the information on the reverse side of this form. Thank you.**

01/19/16

**2016-2017 Registration Form**

**St. Paul’s Lutheran Early Childhood Center**

1500 N. 16th Street Council Bluffs, IA 51501

Phone: 712.322.3294 Fax: 712.328.3338

Email: [stpaulscares@cox.net](mailto:stpaulscares@cox.net) [www.splecc.org](http://www.splecc.org)

|  |  |
| --- | --- |
| Child’s Full Name |  |
| Date of Birth |  |
| Church Membership |  |
| Baptismal Date |  |
| Parental Marital Status: | □ Married □ Divorced □ Separated □ Single  Child Resides with: |
| Mother’s Full Name |  |
| Address |  |
| Phone | Home Cell Work |
| Email |  |
| May we publish your phone number and email? |  |
| Occupation/Employer |  |
| Father’s Full Name |  |
| Address |  |
| Phone | Home Cell Work |
| Email |  |
| May we publish your phone number and email? |  |
| Occupation/Employer |  |
| How did you learn of SPLECC? |  |

Non-refundable registration and activity fee paid:

Date\_\_\_\_\_\_\_\_\_ Amount\_\_\_\_\_\_\_\_\_\_ Method of payment\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Priority # \_\_\_\_\_\_\_\_\_\_\_