

Child Care Request Form



Trinity Lutheran Child Development Center
A Ministry of Trinity Lutheran Church
6215 196th Street SW
Lynnwood, Washington 98036
425-771-5393

Child's Name _____ Gender _____

Child's date of birth/due date _____

Projected start date care will be needed _____

Starting in January 2022, we are only offering infant care on a fulltime basis of 5 days per week.

Projected days needed – (please circle) M T W TH F

(Are these days flexible?) Yes___ No___

Is this your child's first experience with group care? Yes___ No___

If you answered no, what group care experiences has your child had previously?

Guardian Name _____

Guardian Name _____

Address _____

Address _____

Cell phone _____

Cell phone _____

Work phone _____

Work phone _____

Home phone _____

Home phone _____

Email _____

Email _____

Employer _____

Employer _____

Returning this form does not guarantee care. It will place your family on the waiting list for the next available opening closest to the needed care date above.