

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 _____ Male _____ Female _____

Child's date of birth/due date _____

Projected start date care will be needed _____

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

(Are these days flexible?) Yes____ No____

Starting January 2020, we will only be accepting new clients on a full time basis for the infant room, meaning 5 days per week

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?

Parent Name _____

Parent Name _____

Parent Address _____

Parent 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.