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**Waiting List Application**

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| --- | --- |
| Today’s Date: | Employee of LutheranLiving Services (yes/no): |
| Child’s Name:  | Birthday/Due Date:Child’s Age: |

|  |  |
| --- | --- |
| Mother’s Name: |  |
| Father’s Name: |  |
| Home Address: |  |
| Home Phone: |  |
| Mother’s work place/phone: |  |
| Father’s work place/phone: |  |
| Email Address: |  |
| First day of care needed: |  |
| Days of week care needed: |  |
| Specific hours of the day(e.g. 8:30-5:00) : |  |

Please tell us how you heard about Lutheran Home Children’s Center:

Email completed form to Danielle Unger: Danielle.unger@thelutheranhome.org