



Waiting List Application

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 Maggie Keith: Margaret.Keith@thelutheranhome.org