



# The Lutheran Day Nursery of Chicago

1802 N. Fairfield  
Chicago, IL 60647  
773-486-4222

## Enrollment Application (Please fill out completely)

Child's Last Name	First Name	Date of Birth
Ethnic Origin of Child <input type="checkbox"/> White (non-Hispanic) <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Other		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		

<b>Parent/Guardian Information</b>				
Mother's Last Name		First Name		Date of Birth
Home Street Address			Home Telephone ( )	
City	State	ZIP	Work Telephone ( )	
Personal E-mail Address			Cell Phone ( )	

Father's Last Name		First Name		Date of Birth
Home Street Address			Home Telephone ( )	
City	State	ZIP	Work Telephone ( )	
Personal E-mail Address			Cell Phone ( )	

Religion (Optional)	Church (Optional)
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<b>Child Lives With</b> (Check all that apply) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Guardian <input type="checkbox"/> Step Parent
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<b>Parents Are</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Unwed <input type="checkbox"/> Other (specify)
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<b>Other Children in the Family</b>	
Name:	Date of Birth
Name:	Date of Birth
Name:	Date of Birth
Name:	Date of Birth
Name:	Date of Birth

<b>Employment of Parents:</b>		
<u>Mother</u>		
Name of Employer		
Address		
City	State	ZIP
Telephone ( )		Dept/Extension #
Gross Salary/pay period:	Paid __ weekly __ bi-weekly __ semi-monthly __ monthly	
Title	Work E-mail Address	

<u>Father</u>		
Name of Employer		
Address		
City	State	ZIP
Telephone ( )		Dept/Extension #
Gross Salary/pay period:	Paid __ weekly __ bi-weekly __ semi-monthly __ monthly	
Title	Work E-mail Address	

<b>Additional Income Received:</b>		
Type	Amount	
Alimony/Child Support	\$	
Pension, Social Security, SSI, SSDI	\$	
Unemployment Compensation	\$	
Public Assistance	\$	Case Number:
Food Stamps/LINK Card	\$	Account Number:

<b>Other Contact Information</b>			
Name			Relation to Child
Address			Day Time Phone #
City	State	ZIP	Cell Phone #

Name			Relation to Child
Address			Day Time Phone #
City	State	ZIP	Cell Phone #

Name			Relation to Child
Address			Day Time Phone #
City	State	ZIP	Cell Phone #

I hereby grant permission for my child

1. to receive health care, including emergency medical treatment
2. to receive religious education
3. to leave the premises with supervision for visits, neighborhood trips or excursions
4. to be photographed for publicity purposes (pictures with captions are not posted on the internet).

Signature: \_\_\_\_\_  
Parent or Guardian

Office Use Only
Date Applied: _____
Date Admitted: _____
Fee: _____
Date Dismissed: _____
Applied for DHS: _____