

REGISTRATION FORM

9508 Great Hills Trail, Austin, TX 78759
 512.346.1323
 www.tllc.org



Facility Name: **Triumphant Love Lutheran Child Development Center**

Director: Laura Mumme

Child's Name (Last, first, middle)		Date of Birth	Male <input type="checkbox"/> Female <input type="checkbox"/>
Child Lives With: ___ Both Parents ___ Mom ___ Dad ___ Guardian	___ 2 Days (T-Th) ___ 3 Days (M-W-F) ___ 5 Days (M-F)	Admission Date	Custody Documents on file: ___ Yes ___ No
Child's Address		City/State	Zip Code
Parent Address if different from child's		City/State	Zip Code
Parent 1 Name (last, first, middle) or Legal Guardian	Home Phone #	Cell Phone #	Work Phone #
Parent 1 Email or Legal Guardian	Cell phone carrier	Employer	
Parent 2 Name (last, first, middle) or Legal Guardian	Home Phone #	Cell Phone #	Work Phone #
Parent 2 Email or Legal Guardian	Cell phone carrier	Employer	

MEALS

I understand that the following meals will be served to my child while in care:
 None Breakfast Morning Snack Lunch Afternoon Snack Supper Evening Snack

My child is normally in care on the following days and times:

Days of the week	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

EMERGENCY CONTACT & AUTHORIZATION:

Give the name, address, and phone number of the responsible individual to call in case of an emergency if parents/guardian cannot be reached.

Name	Address		
Phone #	Relationship to you		

I authorize TLLC-CDC to release my child to leave the center **ONLY** with the following persons. Children will be released to a parent or guardian or a person designated by the parent after verification of I.D.

Name	Phone
Name	Phone
Name	Phone