

Reservation Form

Date: ____ / ____ / ____

Child's Name: _____

Date of Birth: ____ / ____ / ____

Parent Names: _____

Address: _____

City: _____ State: _____ Zip: _____

Mom/Guardian Phone Number: _____

Dad/Guardian Phone Number: _____

Schedule (*Days & Hours Normally in Care*): _____

Anticipated Start Date: _____

How did you hear about our daycare? _____

Reservation Fees:

- Registration \$25.00 non-refundable
- First Week of Tuition non-refundable (*applied to account upon enrollment*)

Mail completed form and reservation fees to:

*Children of the Lord Christian Daycare & Preschool.
Living Word Christian Church
2015 Ward Avenue
La Crosse, WI 54601
For more information, please call the office at (608) 785-1013
cotl@cotldaycare.com
www.cotldaycare.com*