



Community Ministry Child Care Center, Inc.  
Pre-Registration Form

Child's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Expected Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Requested Days of Attendance: M T W Th F (Please Circle)

Requested Start Date: \_\_\_\_\_  
Requested Program: \_\_\_\_\_

How did you hear about Community Ministry CCC, Inc.?  
\_\_\_\_\_

PLEASE INCLUDE THE NON-REFUNDABLE \$75.00 REGISTRATION FEE WITH THIS FORM.

**\*\*PLEASE NOTE THAT PLACEMENT OF YOUR CHILD IN OUR PROGRAM IS NOT GUARANTEED\*\***