

Admission Form

ABBA Christian Childcare

Anticipated Start Date: _____ Days Attending: (please circle) M T W Th F

Anticipated Drop-off time: _____ Anticipated Pick-up time: _____

Child's Name: _____ Birthdate: _____

Home Address: _____ City & Zip: _____

Home Phone: _____

Mother/Guardian: _____ Work Phone: _____

Cell Phone: _____ Work hours: _____

Father/Guardian: _____ Work Phone: _____

Cell Phone: _____ Work hours: _____

Child Lives With Both Parents Mother Father Other: _____

How did you hear about us? _____

Admission into ABBA is not final until Registration fee is paid and all necessary forms are submitted.

For Office Use only: Please initial & date

DCFS Forms

1-Admission Form: _____

2-Child Information Form: _____

Copied to church office: _____

Copied to Teacher _____

3-Authorized Pickup Form: _____

4-Parent Handbook Signature: _____

5-DCFS Booklet Receipt: _____

6-Child Physical Form: _____

6L-Lead Risk Assessment: _____

10-General Release: _____

12-Late Payment _____

13-Tuition, Vacation, Withdrawal _____

Copy of Birth Certificate: _____

ABBA Information:

Registration Deposit: _____

Copy of Parent ID: _____

9-Payment Agreement: _____

11-EFT Enrollment _____

Entered in Procure:

Family/Child info: _____

Medical: _____

Schedule: _____

Billing: _____

Welcome Letter: _____

Front Door Code assigned: _____

Information Sheet (4 copies) to teacher, master clipboard, fire & tornado books: _____

Federal Food Program Forms:

7-CACFP Annual Form: _____

8-Household Income Form: _____

Spreadsheet updated: _____