

MESSIAH LUTHERAN CHILD CARE  
1605 VERNON AVE. PARK RIDGE, ILLINOIS 60068  
WEB SITE [www.messiahchildcare.com](http://www.messiahchildcare.com)  
E-mail: [office@messiahchildcare.org](mailto:office@messiahchildcare.org)  
Phone # 847-825-3767

**INTAKE FORM – SUMMER 2024 CAMP**

_____	_____	_____
Last Name	Child's First Name	Birth date
_____	_____	_____
Street Address	City	Zip code
(____) _____	_____	
Home Phone	email address	
_____	(____) _____	
Parent #1 Name	Work or cell phone	
_____	(____) _____	
Parent #2 Name	Work or cell phone	

**INTERESTED IN – (CHECK ONE)**

- |  |  |
|--|--|
| <input type="checkbox"/> TWO YEAR OLDS   | <input type="checkbox"/> FOUR YEAR OLDS    |
| <input type="checkbox"/> YOUNGER 3'S     | <input type="checkbox"/> JR K/KINDERGARTEN |
| <input type="checkbox"/> THREE YEAR OLDS |  |

**INTERESTED DAYS AND HOURS (example: MONDAY 8:00-5:00)**

- |                                    |       |
|------------------------------------|-------|
| <input type="checkbox"/> MONDAY    | _____ |
| <input type="checkbox"/> TUESDAY   | _____ |
| <input type="checkbox"/> WEDNESDAY | _____ |
| <input type="checkbox"/> THURSDAY  | _____ |
| <input type="checkbox"/> FRIDAY    | _____ |

Alternate choices/flexibility, comments:

_____
_____
_____
_____
_____

**Office Use Only:**

Called/Emailed on \_\_\_\_\_ Returned message on \_\_\_\_\_

Would like information sent \_\_\_\_\_ Sent or gave on \_\_\_\_\_

Tour Scheduled \_\_\_\_\_

Additional information: \_\_\_\_\_

How did you hear about Messiah? \_\_\_\_\_

Invoice # \_\_\_\_\_ Payment received \_\_\_\_\_ Amount Paid \_\_\_\_\_

