

Registration Form for University of Iowa Finals Child Care Program 2018-2019

Complete this form and return to:

Cathy Stange, Director
Little Angels Learning Center
214 E. Jefferson St., Iowa City, IA 52245
Phone: (319) 341-9757
FAX: (319) 337-0485
little-angels@icfirstchurch.org

Parent's Full Name:

Parent's Student Identification Number:

Parent's Address:

Parent's Cell Phone Number:

Parent's Home Phone Number:

Parent's e-mail address:

Terms

- 1) Infant cereal and/or baby jar food, formula/breast milk, and bottles must be provided by the parents.
- 2) Parents are responsible for supplying diapers and wipes.
- 3) Cancellation of services must be done at a minimum of three days prior to scheduled services.

I agree to the terms listed above and that this information can be shared with the University of Iowa Family Services Office.

Signature of Parent: _____ Date:

Children Needing Care

Child's full name:

Child's date of birth:

2nd Child's full name:

Child's date of birth:

3rd Child's full name:

Child's date of birth:

Child Care Schedule (choose date by entering time of arrival)

Saturday, December 7 (Snack/lunch provided)	10:00 am to 5:00 pm	Time of arrival
Sunday, December 8 (Snack provided)	1:00 pm to 5:00 pm	Time of arrival
Saturday, December 14 (Snack/lunch provided)	10:00 am to 5:00 pm	Time of arrival
Sunday, December 15 (Snack provided)	1:00 pm to 5:00 pm	Time of arrival