

Northwest Christian Child Care  
5707 Olentangy River Road  
Columbus, Ohio 43235  
PH: (614) 451-4412 FAX: (614) 451-0201

Class \_\_\_\_\_

Date of Admission \_\_\_\_\_

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

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mother's Email \_\_\_\_\_ Father's Email \_\_\_\_\_

Mother's Cell Phone # \_\_\_\_\_ Carrier (ex. Verizon) \_\_\_\_\_

Father's Cell Phone # \_\_\_\_\_ Carrier (ex. Verizon) \_\_\_\_\_

Primary Email (Emergency Contact – List only One) \_\_\_\_\_

Parent's Marital Status:

Single

Married

Divorced

Separated

Widowed

Which parent has custody? \_\_\_\_\_

**RACIAL ETHNIC DATA:**

\_\_\_\_ American Indian or Alaska Native  
\_\_\_\_ Asian  
\_\_\_\_ Black or African American  
\_\_\_\_ Hispanic or Latino  
\_\_\_\_ Native Hawaiian or Other Pacific Islander  
\_\_\_\_ White

**BILLING INFORMATION: (PLEASE CIRCLE ONE)**

Mother and Father Together on the **SAME** Account - 100%  
Father 50% and Mother 50% on **SEPARATE** Accounts  
Father \_\_\_\_ % and Mother \_\_\_\_ % on **SEPARATE** Accounts  
Father 100% on **SEPARATE** Account  
Mother 100% on **SEPARATE** Account  
Other Individual(s) \_\_\_\_\_

Other Siblings who attend Northwest Christian Child Care:

\_\_\_\_\_  
Name \_\_\_\_\_ Class \_\_\_\_\_

\_\_\_\_\_  
Name \_\_\_\_\_ Class \_\_\_\_\_

Do you have a church you regularly attend? Yes / No If so, where? \_\_\_\_\_

How did you hear about Northwest Christian Child Care?  
\_\_\_\_\_

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**Release of Child from Northwest Christian Child Care:**

The following people have permission to pick up \_\_\_\_\_ from NWCCC:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date