

## ICC Application



Today's Date: \_\_\_\_\_

**Child's Full Name:** \_\_\_\_\_

Name Child Likes to be Called/Nickname: \_\_\_\_\_

Child's Birth Date: \_\_\_\_\_

Age: \_\_\_\_\_ # of Siblings: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ Phone(s): \_\_\_\_\_  
Address: Same as Above

or: \_\_\_\_\_

Email: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ Phone(s): \_\_\_\_\_  
Address: Same as Above

or: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

**Guardian, Grandparent or Other Family Member:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Address: \_\_\_\_\_

**Desired Attendance:** \_\_\_ Full-time (M-F) \_\_\_ Part -Time, if available: (Circle) M T W Th F

**How did you learn about ICC?** \_\_\_ Friend: \_\_\_\_\_  
\_\_\_ Website/Internet \_\_\_ Flier \_\_\_ Action for Children \_\_\_ Other \_\_\_\_\_

Are you a Church Member? Yes/No Would you like information about church or its membership? Yes/No

***Please return completed application with non-refundable application fee of \$40.00;  
Make checks payable: Indianola Children's Center or ICC***

*Note: Waiting list is based on the date that the application and payment are received.*

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