

CHILD CARE INFORMATION

To register your child for child care this school year, please complete the child care registration form below for **each** child in your family who will be using this service (additional forms are available in the offices). Please return the form(s) to school by Friday, August 12. **Child care spaces are limited, so failure to return this form ASAP may result to a waitlist. Child care ends at 6:00 p.m. If a child is picked up at 6:01 p.m. from child care, a \$15.00 late fee will automatically be charged, as well as \$10 fee for each additional 5 minutes thereafter. (Ex: 6:10 p.m. will be \$35.00)**

CHILD CARE REGISTRATION

STUDENT NAME _____ GRADE LEVEL _____

PARENT/GUARDIAN _____ HOME PHONE _____

CELL PHONE: _____ WORK PHONE _____

DATE YOUR CHILD WILL BEGIN CHILD CARE USAGE _____

* THE FOLLOWING INFORMATION IS NEEDED TO ESTABLISH YOUR CHILD'S FINANCIAL ACCOUNT FOR CHILD CARE:

DO YOU DESIRE **HOURLY CHARGES** (\$10.00 PER HOUR) OR **FULL-TIME RATE** (PRESCHOOL
\$400.00 PER MONTH OR
PREKINDERGARTEN \$290.00
KINDERGARTEN – 7th GRADE \$300.00 PER MONTH)

Hourly rate: _____ Full-time rate: _____

HOLIDAY AND CONFERENCE DAYS ARE CONSIDERED TO BE CHILD CARE DAYS. BY NOT COMPLETING THIS FORM, YOU WILL BE CHARGED THE HOURLY AMOUNT OF \$10.00/HR. A WRITTEN REQUEST TO CHANGE YOUR STATUS MUST BE GIVEN TO MRS. PHILLIPS, STUDENT BILLING BOOKKEEPER, AT LEAST TWO WEEKS PRIOR TO THE CHANGE BECOMING EFFECTIVE. THERE WILL BE NO PRO-RATING OF CHILD CARE DUE TO SICKNESS, HOLIDAYS, VACATIONS, ABSENCES OR WITHDRAWALS.

Parent's Signature _____ Date _____

* FOR PROGRAMMING/STAFFING NEEDS, PLEASE CHECK THE APPROPRIATE LINE(S) BELOW:

_____ Before school only. Time arriving (approx.) _____

_____ After school only. Time departing (approx.) _____

_____ Before & after school. Time arriving (approx.) _____

Time departing (approx.) _____

_____ Occasional drop-in. (Reservations should be made at least 24 hours in advance, if possible).

DAYS OF THE WEEK YOU WILL BE USING CHILD CARE: (Circle appropriate days)

M T W Th F

(over)

Dear Parent:

As a participant in the USDA Child and Adult Care Food Program, **Gloria Dei Lutheran Child Care** will supply the following meals and snacks for your child/children on/during child care time. Please circle below the days your child/children will require childcare and approximate times of arrival and departure. Please also, check meals your child/children should be served while in attendance at **Gloria Dei Lutheran Child Care**.

Thank you for your assistance in complying with USDA Child and Adult Care Food Program.

Child's Name _____ Grade Level _____

Date of Birth _____

Days & Hours of Childcare: Mon Tue Wed Thu Fri

Approximate Drop-Off Time _____ Approximate Pick-Up Time _____

Beginning Date _____ (Month/Day/Year)

Meals/Snacks my child/children will be provided when staying for child care:

_____ AM Snack _____ Lunch _____ PM Snack

Please explain any unsure circumstances or conditions related to your child: _____

Please mark one of the following ethnic identities: [] Hispanic or Latino [] Not Hispanic or Latino

Please mark one or more of the following racial identities: [] American Indian or Alaska Native

[] Asian [] Black or African American [] Native Hawaiian or Other Pacific Islander [] White

Parent's Signature _____ Date _____

For Office Use Only: Participant Withdrew on _____
(Date)