

CHILD CARE REGISTRATION

To register your child for child care for the 2023-2024 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 completed form to school by Friday, August 1. Child care spaces are limited, so failure to return this form ASAP may result to a waitlist. Child care hours are 6:00 a.m. – 8:15 a.m. and 3:15 p.m. – 6:00 p.m. 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 a \$10 fee for each additional 5 minutes thereafter. (Ex: 6:10 p.m. will be \$35.00)

STUDENT NAME _____ GRADE LEVEL _____

PARENT/GUARDIAN _____ CELL 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** (\$12.00 PER HOUR) OR
FULL-TIME RATE (PRESCHOOL AND PREKINDERGARTEN \$300.00 PER MONTH OR
KINDERGARTEN – 7th GRADE \$310.00 PER MONTH)

HOURLY RATE: _____ FULL-TIME RATE: _____

SPRING BREAK, CHRISTMAS BREAK, HOLIDAYS, AND CONFERENCE DAYS ARE CONSIDERED TO BE CHILD CARE DAYS. BY NOT COMPLETING THIS FORM, YOUR CHILD WILL NOT HAVE CHILD CARE ON THESE DAYS. A WRITTEN REQUEST TO CHANGE YOUR STATUS (HOURLY OR FULL-TIME) 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.

_____ 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

