



In order to reserve a place for your child in the Childcare Program, please complete and return this form to the school office. A monthly payment is due on the first of each month from September through May. A late pickup fee of \$15.00 every 15 minutes will be charged for those picked up after 6:00 PM. The cost for options #1-6 include classroom time, lunch and childcare. The cost for options #7-10 are in addition to other tuition costs.

#1	5 day (preschool)	8:00-3:30	\$901.00/ month	
#2	5 day (preschool)	8:00-6:00	\$1,081.00/ month	
#3	3 day (preschool)	8:00-3:30	\$774.00/ month	Father's Name:
#4	3 day (preschool)	8:00-6:00	\$864.00/ month	Cell Phone:
#5	2 day (preschool)	8:00-3:30	\$493.00/ month	Work Phone:
#6	2 day (preschool)	8:00-6:00	\$599.00/ month	
#7	5 day (K3-6 <sup>th</sup> grade)	6:30am-7:45am	\$125/month	
#8	Hourly rate (K3-6 <sup>th</sup> grade)		\$7.00/hour	Mother's Name:
#9	Lunch hour only –includes lunch		\$12.00/day	Cell Phone:
#10	5 day (elementary)	3:30pm-6:00pm	\$325.00/ month	Work Phone:

\*Lunch is included in Plan #1-6.

Student \_\_\_\_\_ Grade \_\_\_\_\_ Option # \_\_\_\_\_ Months Care Needed: \_\_\_\_\_

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Student \_\_\_\_\_ Grade \_\_\_\_\_ Option # \_\_\_\_\_ Months Care Needed: \_\_\_\_\_

Please list all names of those allowed to pick up your child from Childcare: \_\_\_\_\_

Specific medical allergies, food allergies, dietary restrictions (vegetarian, etc.), chronic illnesses, special health conditions:
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Local Emergency Contacts	
List two adults who in the case of an emergency will assume responsibility for your child if parents cannot be reached.	
Name:	Phone Number:
Name:	Phone Number:

As a parent/guardian, I do herewith authorize the treatment by a qualified licensed medical doctor of the above named minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfiguration, physical impairment, or undue discomfort if delayed. This authority is granted after a reasonable effort has been made to reach me. Necessary first aid may be given at school. This release form is being completed and signed of my own free will with the purpose of authorizing medical treatment in my absence.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_