

2017-18 Zion Lutheran School Extended Care Registration Form

Parent's Name: _____

Name of child needing extended care: _____

Childs Teacher(s): _____ Grade: _____

Circle hours when extended care may be needed:

Monday: Before After Tuesday: Before After

Wednesday: Before After Thursday: Before After

Friday: Before After

Please choose a Payment Option:

Option 1

Mornings: 7:00 - 8:45am \$10

Afternoons: 3:15- 5:30pm \$12

(billed weekly)

Option 2

Unlimited Morning and Afternoon \$340/month (billed monthly)

Option 3

Unlimited Morning \$160 (billed monthly)

Option 4

Unlimited Afternoon \$185 (billed monthly)

Parents Contact Information

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Please list any medical conditions, including allergies, that your child has:

Name, relationship and phone number of individuals who are authorized to pick your child up other than parents.

Name/Relationship: _____ Phone: _____

Name/Relationship: _____ Phone: _____

I have read Zion Lutheran School's extended care information and understand that I must make bi-weekly, on time, payments in order to keep my child enrolled in the program. **I also understand that I will be assessed a \$10 late charge after 5:30 pm and an additional \$10 after 5:45pm per child if my child(ren) are not picked up, which will be billed on my bi-weekly Extended Care Statement.**

Signed: _____ Date: _____

*****Office use only*****