

Zion Lutheran School

Extended Care 2020-21 Registration Form

Students Last Name: _____ First Name: _____

Students Teacher: _____ 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 (circle) a Payment Option:

- **Option 1**

Mornings: 7:00 - 8:45am \$12

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

(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 allergies, dietary restrictions, medical conditions, or special needs 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 weekly Extended Care Statement.**

Signed: _____ **Date:** _____