

# Zion Lutheran School

## Extended Care 2024-25 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 a Payment Option:

- **Option 1**

Mornings: 7:00 - 8:45am \$17  
Afternoons: 3:15- 5:30pm \$20  
(billed weekly)

- **Option 2**

Unlimited Morning and Afternoon \$375/month (billed monthly)

- **Option 3**

Unlimited Morning \$175 (billed monthly)

- **Option 4**

Unlimited Afternoon \$200 (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:** \_\_\_\_\_