



**PILGRIM LUTHERAN SUPER SUMMER CARE**

1731 St. Agnes Dr.  
Green Bay WI 54304-3099



**2021 ENROLLEE INFORMATION:** (For children just completing Kindergarten through 5<sup>th</sup> grade)

**Name of Child:** \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Zip \_\_\_\_\_

Email \_\_\_\_\_

Home Phone: \_\_\_\_\_ **EMERGENCY PHONE** \_\_\_\_\_  
(Person to call in emergency other than parent)

Enrollment date: \_\_\_\_\_ **Grade:** \_\_\_\_\_ Just completed in May, 2021

Date of Birth: \_\_\_\_\_ **List any allergies to foods or medicines:** \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_ Mother's Work Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Child's Physician or Medical Facility:**

Doctor's Name: \_\_\_\_\_ Clinic Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Parent Information:**

Father: \_\_\_\_\_ Mother: \_\_\_\_\_  
*If address is different, note below:*  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

Child lives with: Both Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Other \_\_\_\_\_

Who is authorized to pick up your child? \_\_\_\_\_

**Choice of Weeks:** Please write 5-day or 3-day behind whichever weeks you choose. If choosing 3 days, state which days care is needed. We need you to keep this schedule, so we have ample daycare providers available at the times care is needed.

**5-day = \$175/week (2<sup>nd</sup> child discount) 3-day = \$111/week (amounts subject to change)**

June 2-4 \_\_\_\_\_ June 7-11 \_\_\_\_\_ June 14-18 \_\_\_\_\_  
*Closed Monday & Tuesday*  
June 21-25 \_\_\_\_\_ June 28-July 2 \_\_\_\_\_ July 5-9 (*Closed for cleaning and maintenance*)  
July 12-16 \_\_\_\_\_ July 19-23 \_\_\_\_\_ July 26-30 \_\_\_\_\_  
August 2-6 \_\_\_\_\_ August 9-13 \_\_\_\_\_ August 16-20 \_\_\_\_\_

The final week of SSC is dependent upon the startup of the 2021-22 school year.

**Note: MUST BE AT DAYCARE FOR 8 WEEKS OR MORE TO BE ELIGIBLE**

**Registration/Enrollment Fee \$115 (non-refundable)**  
Amount Paid \_\_\_\_\_ Date Paid \_\_\_\_\_ Check # \_\_\_\_\_