

Pilgrim Lutheran Before School and After School Care Application Form

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

ENROLLEE INFORMATION:

Name of Child: _____
Last First Middle

Address: _____ Zip _____

Email: _____

Cell Phone: Father _____ Mother _____

Home Phone: _____ **EMERGENCY PHONE** _____

Person to call in emergency other than parent.

Enrollment date: _____ **Grade:** _____

Father's Work Phone: _____ Mother's Work Phone _____

Employer: _____ Employer: _____

Occupation: _____ Occupation: _____

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

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? _____

After School Care Costs

Please circle the times your child would attend:

Kindergarten - 8th Grade

Early Pickup 3:15-4:30 (Mon - Fri) \$30 (3-days)

3:15-4:30 (Mon - Fri) \$50 (5-days)

Late Pickup 3:15-5:30 (Mon - Fri) \$45 (3-days)

3:15-5:30 (Mon - Fri) \$60 (5-days)

Before School Care Costs

Kindergarten - 8th Grade

6:30-8:00 am (Mon - Fri) \$32 (3-days)

6:30-8:00 am (Mon - Fri) \$38 (5-days)

A non-refundable annual fee of \$15.00 should accompany enrollment form.

Amt. Pd _____ **Date** _____

Enrollment is limited and accepted on a first-come/first served basis. Return this form to the Ministry Office as soon as possible.

Questions- Please Call Ministry Office at 965-2244.

Revised 2/7/17