

**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 - 8<sup>th</sup> 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 - 8<sup>th</sup> 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. FEES SUBJECT TO CHANGE

Questions- Please Call Ministry Office at 965-2244.

Revised 1/17/18