

**Pilgrim Lutheran 2018 SUPER SUMMER CARE Enrollment Form**

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

**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, 2018

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 to this schedule so we have ample day care providers available at the times of care needed.

**5-day = \$160/week (2<sup>nd</sup> child discount) 3-day = \$102/week** (amounts subject to change)

\* May 29-June 1 \_\_\_\_\_ June 4-8 \_\_\_\_\_ June 11-15 \_\_\_\_\_

(Closed Memorial Day)

June 18-22 \_\_\_\_\_ June 25-29 \_\_\_\_\_ July 2-6 closed for cleaning

July 9-13 \_\_\_\_\_ July 16-20 \_\_\_\_\_ July 23-27 \_\_\_\_\_

July 30-Aug. 3 \_\_\_\_\_ Aug. 6-10 \_\_\_\_\_ Aug. 13-17 \_\_\_\_\_

The final week of SSC is dependent upon the startup of the 2018-19 school year.

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

**Registration/Enrollment Fee \$100** (non-refundable)

**Amount Paid** \_\_\_\_\_ **Date Paid** \_\_\_\_\_ **Check #** \_\_\_\_\_