

Pilgrim Lutheran Day Care Application Form

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

ENROLLEE INFORMATION: FOR CHILDREN 3 YEARS AND UP TO KINDERGARTEN
(Child must be toilet trained)

Name of Child: _____
Last First Middle

Address: _____
Zip _____

Home Phone: _____ **EMERGENCY PHONE** _____

Email address: _____ (Person to call in emergency other than parent)

Enrollment date: _____ **Grade:** _____

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

Cell Phone: _____ Cell 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? _____

Please indicate the times your child would attend:

Proposed Start Date _____

Drop off /pick up time _____

Full day is up to 10 hours maximum

Days of attendance _____

there is a tuition waiver for preschool or 4-k if your child is enrolled full time

Half day is up to 5 straight hours max- no class between

(\$10 discount for second full-time child)

Fees: ** _____ 5 full days \$160 _____ 5 half days \$110

_____ 4 full days \$132 _____ 4 half days \$92

_____ 3 full days \$102 _____ 3 half days \$72

_____ 2 full days \$70 _____ 2 half days \$50

Fees can change at any time. You will be given a month's notice of any change.

Combinations of these options are not allowed.

(2-day only available if attending 2-day Preschool @ \$25 half day or \$35 full day, daily rate)

FEES ARE SUBJECT TO CHANGE

A non-refundable fee of \$15.00 should accompany enrollment form. Date Paid _____

Questions- Please Call Ministry Office at 965-2244.

Revised: 1/17/18