

**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** \_\_\_\_\_

**Hours of attendance** \_\_\_\_\_

**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 \$155 \_\_\_\_\_ 5 half days \$110

\_\_\_\_\_ 4 full days \$128 \_\_\_\_\_ 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: 6/20/17**