

**Extended Day Care  
Registration Form  
2017-2018**

Family Name \_\_\_\_\_  
1<sup>st</sup> Student's Name \_\_\_\_\_ Grade \_\_\_\_\_  
2<sup>nd</sup> Student's Name \_\_\_\_\_ Grade \_\_\_\_\_  
3<sup>rd</sup> Student's Name \_\_\_\_\_ Grade \_\_\_\_\_  
  
Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Mother's work number \_\_\_\_\_ Father's work number \_\_\_\_\_  
Mother's cell number \_\_\_\_\_ Father's cell number \_\_\_\_\_  
Emergency Contact \_\_\_\_\_  
Relation to child \_\_\_\_\_

**Extended Care Fees**

**Registration** \$45.00 per child, \$75.00 per family

**After school daycare cost per child, payable monthly.**

Monthly \$ 315.00

Hourly \$ 8.00 first child/ \$12.00 for 2+ children

Late pick-up- billed at \$30 per hour to the nearest quarter hour

**Before school cost per family. Fees to be paid in advance.**

\$8 per day

\$75 per 10-day use

**Before school day care** is available starting at 7:00 a.m. All students entering the building between 7:00 and 7:45 a.m. will be directed to the daycare room payable at the above rates.

**After school extended day care** begins at school dismissal and ends at 6:00 p.m. Parents who pick their children up later than 6:00 p.m. will be billed a late fee rate of \$30.00 per hour. Extended day care is available from noon until 6:00 p.m. on days in which there is a half day of school due to Parent Teacher Conferences. There is no day care on days which there is no school due to holidays, a full day off for Parent Teacher Conferences, teacher institute days or on the first and last day of school. For specific information, please go to the school calendar on the Grace website.

After school Extended Day Care fees are billed on a monthly basis. All bills are due by the 20<sup>th</sup> of the month.. Failure to pay fees in a timely manner may lead to a loss of daycare privileges. Your signature verifies that you have read and agree to these terms.

I extend to the Grace Lutheran Extended Day Care the same permission and authorization regarding emergency medical treatment that I gave in writing when I registered this student at Grace School.

Date \_\_\_\_\_ Parent's Signature \_\_\_\_\_

**Please inform the classroom teacher of your child's daycare schedule.**