

CHILD CARE INFORMATION

To register your child for child care this school year, please complete the child care registration form below for **each** child in your family who will be using this service (additional forms are available in the offices). Please return the form(s) to school by Monday, August 9.

CHILD CARE REGISTRATION

STUDENT NAME _____ GRADE/AGE LEVEL _____

PARENT/GUARDIAN _____ HOME PHONE _____

WORK PHONE _____

DATE YOUR CHILD WILL BEGIN CHILD CARE USAGE _____

* THE FOLLOWING INFORMATION IS NEEDED TO ESTABLISH YOUR CHILD'S FINANCIAL ACCOUNT FOR CHILD CARE:

DO YOU DESIRE **HOURLY** CHARGES (\$6.00 PER HOUR) OR **FULL-TIME RATE**
(PRESCHOOL - 1/2 DAY KINDERGARTEN \$325.00 PER MONTH OR
FULL DAY KINDERGARTEN \$215.00 PER MONTH OR
1st - 6TH GRADE \$230.00 PER MONTH)?

Hourly rate: _____ Full-time rate: _____

FAILURE TO COMPLETE THE SECTION ABOVE WILL RESULT IN YOUR CHILD BEING CHARGED THE HOURLY AMOUNT. A WRITTEN REQUEST TO CHANGE YOUR STATUS MUST BE GIVEN TO MRS. PHILLIPS, STUDENT BILLING BOOKKEEPER, AT LEAST TWO WEEKS PRIOR TO THE CHANGE BECOMING EFFECTIVE. THERE WILL BE NO PRO-RATING OF CHILD CARE DUE TO SICKNESS, HOLIDAYS, VACATIONS, ABSENCES OR WITHDRAWALS.

* FOR PROGRAMMING/STAFFING NEEDS, PLEASE CHECK THE APPROPRIATE LINE(S) BELOW:

_____ Before school only. Time arriving (approx.) _____

_____ After school only. Time departing (approx.) _____

_____ Before & after school. Time arriving (approx.) _____

Time departing (approx.) _____

_____ Occasional drop-in. (Reservations should be made at least 24 hours in advance, if possible).

DAYS OF THE WEEK YOU WILL BE USING CHILD CARE: (Circle appropriate days)

M T W Th F

(over)

Dear Parent:

As a participant in the USDA Child and Adult Care Food Program, **Gloria Dei Lutheran Child Care** will supply the following meals and snacks for your child/children on/during child care time. Please circle below the days your child/children will require childcare and approximate times of arrival and departure. Please also, check meals your child/children should be served while in attendance at **Gloria Dei Lutheran Child Care**.

Thank you for your assistance in complying with USDA Child and Adult Care Food Program.

Child's Name _____ Grade Level _____

Date of Birth _____

Days & Hours of Childcare: Mon Tue Wed Thu Fri

Approximate Drop-Off Time _____ Approximate Pick-Up Time _____

Beginning Date _____ (Month/Day/Year)

Meals/Snacks my child/children will be provided when staying for child care:

_____ AM Snack _____ Lunch _____ PM Snack

Please explain any unsure circumstances or conditions related to your child: _____

Parent's Signature _____ Date _____

You are not required to answer these questions. If you choose to do so:

Please mark one of the following ethnic identities: [] Hispanic or Latino [] Not Hispanic or Latino

Please mark one or more of the following racial identities: [] American Indian or Alaska Native
[] Asian [] Black or African American [] Native Hawaiian or Other Pacific Islander [] White

For Center Use Only:

Participant Withdrew on _____
(Date)