

Extended School Care Enrollment Form 2020-2021

Child #1 _____ Grade _____

Child #2 _____ Grade _____

Child #3 _____ Grade _____

Parents' Names: _____

Mother's Cell: (____) _____ Father's Cell: (____) _____

Mother's Work Phone: (____) _____ Email _____

Father's Work Phone: (____) _____ Email _____

Instructions: Please circle the preferred care option for your child(ren). **Remit check payable to "Our Savior Lutheran School" with the Enrollment Form.**

Enrollment Fee: **\$35.00 per child; maximum of \$100 per family**

Child #1 Child's Name: _____

Circle Attendance Choice: Morning Only Afternoon Only Both AM & PM
Circle day(s) attending: M-T-W-Th-F M-T-W-Th-F M-T-W-Th-F

Child #2 Child's Name: _____

Circle Attendance Choice: Morning Only Afternoon Only Both AM & PM
Circle day(s) attending: M-T-W-Th-F M-T-W-Th-F M-T-W-Th-F

Child #3 Child's Name: _____

Circle Attendance Choice: Morning Only Afternoon Only Both AM & PM
Circle day(s) attending: M-T-W-Th-F M-T-W-Th-F M-T-W-Th-F

PARTY ASSUMING FINANCIAL RESPONSIBILITY FOR APPLICANT

We have reviewed the Extended School Care Program Handbook and agree to the policies, procedures, and guidelines outlined therein. **We, the undersigned do hereby certify this information to be complete and factual, do hereby agree to fulfill all financial obligations, and agree to adhere to the policies and regulations as required by Our Savior Lutheran School.**

Father's Signature

Date

Mother's Signature

Date