

Divine Grace Extended Care Enrollment



Date of Enrollment: _____

Name of child _____

Grade in School _____

Name of child _____
Last First Middle Initial

Grade in School _____

Address: _____ City: _____ 48 _____

PARENTAL INFORMATION

Father's Name: _____ Occupation: _____

Mother's Name _____ Occupation: _____

If separated / divorced, describe visitation rights of parents? _____

Father / Mother address if different from above:

_____ City: _____, 48 _____

Names of persons authorized to pick up my child:

Approximate **Times** of Care Needed:

Day	Start Time	Pick Up Time
Monday	_____ AM	_____ PM
Tuesday	_____ AM	_____ PM
Wednesday	_____ AM	_____ PM
Thursday	_____ AM	_____ PM
Friday	_____ AM	_____ PM

The following and signature verifies that my child

- Is in good health and requires no physical limitation.
- Immunizations are current
- Are on file at his / her school
- Are not complete and a waiver is on file at his / her school.

Parent's Signature

_____/_____/_____

Date

• **Please describe any physical limitations:**

• **Allergies if any:**

The following signifies that I understand the follow:

- The playground used by children in kindergarten and older may not comply with the handbook for Public Playground Safety guidelines. Please speak with the director with any concerns.
- The Latchkey policies in the Divine Grace Lutheran School handbook and agree to follow these guidelines.
- Early / Late fee policy - Divine Grace Childcare / Extended care hours are 7 AM – 5:30 PM
 - Early AM – If latchkey is needed before 7 AM an additional fee of \$3 / 15 minutes is available upon request. Please speak with Mrs. M. if you need early care.
 - Late PM – If you arrive in the latchkey room after 5:30 PM, a late fee of \$1/minute needs to be paid to the childcare worker. Please speak to Mrs. M. is you need care past 5:30 PM.

Parent / Guardian Signature

Date

- Divine Grace Childcare maintains a licensing notebook of all inspection reports, special investigation reports and all corrective action plans. I am aware of this notebook and can review this notebook during regular business hours Yes _____ No _____

• **I would like to receive my statement:**

In the preferred email (mother / father) _____

Additional email (mother / father) _____

Or

Paper copy

• **Do you need a receipt for your payment?**

Yes, I need a receipt for my payment.

Emailed

Or

Paper copy

Or

No, I don't need a paper receipt for my payment.

Thank you,

Barb