

DROP IN use does not require enrollment
Before Care - \$10/day per student
After Care - \$15/day per student

Extended Care Enrollment 2020-2021

This form is intended for students enrolled at Immanuel Lutheran Day School.

Oldest Student Name: _____ Class: _____
First Last

Student Name: _____ Class: _____
First Last

Student Name: _____ Class: _____
First Last

Student Name: _____ Class: _____
First Last

Student(s) Address: _____
Street City State Zip

Mother's Name: _____ **Phone:** _____
First Last Circle One (best # in an emergency): Cell Home Work

Father's Name: _____ **Phone:** _____
First Last Circle One (best # in an emergency): Cell Home Work

1. Choose one of the following options below:

You are responsible for the entire weekly charge regardless of whether your child attends the entire week.

- | | |
|--|--|
| <input type="checkbox"/> Before Care (7:00 am – 8:15 am) | \$1,050 year rate (equals \$6/day)*** |
| <input type="checkbox"/> After Care (3:30 pm – 6:00 pm) | \$1,575 year rate (equals \$9/day)*** |

2. Choose start date:

___ / ___ / 20___

Contact the school office in writing to cancel some or all of extended care options.

*****These fees will be added to your FACTS payment plan with your tuition payments**

3. Late Pick Up Fee

After Care ends at 6:00 pm. If you pick up after 6:00 pm, your account will be billed \$1/minute per child.

Parent Signature: _____

Date: _____

Office Use: