



St. John's Christian Extended Childcare Registration Form

The St. John's Christian Extended Childcare will be open during the school year to provide care for children who are enrolled in preschool through 8th grade at St. John's Lutheran School. The center will follow the same schedule of vacations and holidays as provided on the school calendar. Hours of operation are from 6:30-8:40 a.m. and 11:45 a.m.-5:30 p.m.

The emphasis of the Christian Extended Childcare is based on social interactions that are attained through planned learning activities, structured play, and free time. These activities are offered in a loving, Christian environment by caring adults. The facility is equipped with an outdoor, fenced playground and a gymnasium for indoor recreation. Spaces are limited and will be filled on a first-come, first-serve basis according to the following fee schedule:

Registration \$35.00/family Fee Paid _____ Cash or _____ Check Number

1-23 hours/week

- First child-\$5.00/hour
- Second child-\$3.50/hour
- Third (or more) child-\$3.00/hour/child

24+ hours/week

- First child-\$4.25/hour
- Second child-\$3.00/hour
- Third (or more) child-\$2.50/hour/child

Child's Name: _____ **Grade:** _____

Anticipated days child will need care: M T W Th F (please circle)

Times when care is needed (check all that apply):
_____ between 6:30 a.m.-8:40 a.m.
_____ between 11:45 a.m.-3:45 p.m.
_____ between 3:45 p.m.-5:30 p.m.

Mother

Father

Name: _____

Phone Work: _____

Phone Cell/Home: _____

Email Address: _____

Child's Name: _____ **Grade:** _____

Anticipated days child will need care: M T W Th F (please circle)

Times when care is needed (check all that apply):
_____ between 6:30 a.m.-8:40 a.m.
_____ between 11:45 a.m.-3:45 p.m.
_____ between 3:45 p.m.-5:30 p.m.

Mother

Father

Name: _____

Phone Work: _____

Phone Cell/Home: _____

Email Address: _____

_____ **same as above**

Child's Name: _____ **Grade:** _____

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_____ between 3:45 p.m.-5:30 p.m.

Mother

Father

Name: _____

Phone Work: _____

Phone Cell/Home: _____

Email Address: _____

_____ **same as above**

Child's Name: _____ **Grade** _____

Does your child require any special assistance in the restroom? If so, please explain.

Does your child nap? What is his/her routine?

Explain any health problems your child has or medication he/she takes.

Please list any allergies your child has including any foods/drinks your child should not have.

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List by name, relation, and phone number who has permission to pick up child(ren) from Extended Care. In case of emergency, a phone call must be made to the school or the Extended Care teacher in order for a child to be released to anyone not listed below. **Identification will be requested for unknown people.**

Name: _____

Relation to child(ren): _____

Phone: H-_____ C-_____

Name: _____

Relation to child(ren): _____

Phone: H-_____ C-_____

Name: _____

Relation to child(ren): _____

Phone: H-_____ C-_____

Name: _____

Relation to child(ren): _____

Phone: H-_____ C-_____

Name: _____

Relation to child(ren): _____

Phone: H-_____ C-_____

Name: _____

Relation to child(ren): _____

Phone: H-_____ C-_____

Name: _____

Relation to child(ren): _____

Phone: H-_____ C-_____