

BETHLEHEM EXTENDED CARE REGISTRATION FORM

Please use one form for each child and fill in all information.

Legal Name: First _____ Middle _____ Last _____

Child's Date of Birth _____ Grade of Child _____

Does your child nap? Or Does your child need a rest period? _____

If your child will stay for lunch; will they _____ bring their own
 _____ use our hot lunch program
 _____ both

Does your child take any prescription medication on a daily or regular basis? ____ Yes ____ No

If yes what is the name of the medication? _____

Does your child have any allergies? ____ Yes ____ No

If yes, please list: _____

Does your child have any special needs? _____

Do you want your child to work on homework before any other activities? ____ yes ____ no

Child's Interests: _____

Any other information you wish to share about your child: _____

Person(s) authorized to pick up your child from Extended Care: (Name and Relationship to Child)

_____	_____
_____	_____
_____	_____

Father's Name _____ Home Phone _____ Work Phone _____

Mother's Name _____ Home Phone _____ Work Phone _____

In case of an emergency contact: _____ Phone: _____

Please fill in the chart with the approximate times you will be needing service in a week. These times are for general scheduling. You have not agreed to any certain amount of service.

Monday	Tuesday	Wednesday	Thursday	Friday

I agree to pay the required fees and abide by the policies of Bethlehem Lutheran School. I understand that I agree to pay child care fees in the following way.

- Statements will be given out on the Friday closest to the 15th of the month, payment is due the 1st of the following month. A \$25 late fee will be applied for all late accounts. No service may be given if the balance of the account is more than 1 month delinquent.

Signature _____ Date _____