

**Carroll Lutheran School Child Care  
2016-2017 ENROLLMENT CONTRACT**

**Children Information** *(List additional children on the back)*

**Child 1** Name: \_\_\_\_\_ M /F (circle)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade entering in school \_\_\_\_\_ Date child will start care \_\_\_\_\_

Child will attend: Before Care M T W Th F      After Care M T W Th F (circle)      Drop In (circle)

**Child 2** Name: \_\_\_\_\_ M /F (circle)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade entering in school \_\_\_\_\_ Date child will start care \_\_\_\_\_

Child will attend: Before Care M T W Th F      After Care M T W Th F (circle)      Drop In (circle)

**Parent/Guardian Information** (only parents or guardians who sign this form will have access to child information)

**Parent/Guardian 1** (Responsible party)      Relationship to Child \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ email: \_\_\_\_\_

**Parent/Guardian 2**      Relationship to Child \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ email: \_\_\_\_\_

**Other adults who have access to child/ren's information:**

Name: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

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**I will abide by the information and policies set forth by CLS Child Care.** I have received the pamphlet "A Parent's Guide To Regulated Child Care," a guide written by the Child Care Administration. Please call before you sign this form if you have any questions or concerns regarding our policies. The CLS Before and After School Care program is open to all students who are currently enrolled in the CLS school program.

Prices are based on annual tuition divided into nine equal monthly payments, September through May. Tuition prices for the year have already been adjusted for scheduled holidays and school closing days.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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*CLS Child Care Administrative Use Only*

Date contract received: \_\_\_\_\_ Confirmation sent to family: \_\_\_\_\_

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**Additional Children** *(all children listed must be from the same home and family.)*

**Child 3** Name: \_\_\_\_\_ M/F (circle)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade entering in school \_\_\_\_\_ Date child will start care \_\_\_\_\_

Child will attend: Before Care M T W Th F      After Care M T W Th F (circle)      Drop In (circle)

**Child 4** Name: \_\_\_\_\_ M/F (circle)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade entering in school \_\_\_\_\_ Date child will start care \_\_\_\_\_

Child will attend: Before Care M T W Th F      After Care M T W Th F (circle)      Drop In (circle)

**Child 5** Name: \_\_\_\_\_ M/F (circle)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade entering in school \_\_\_\_\_ Date child will start care \_\_\_\_\_

Child will attend: Before Care M T W Th F      After Care M T W Th F (circle)      Drop In (circle)

**Child 6** Name: \_\_\_\_\_ M/F (circle)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade entering in school \_\_\_\_\_ Date child will start care \_\_\_\_\_

Child will attend: Before Care M T W Th F      After Care M T W Th F (circle)      Drop In (circle)