

**Carroll Lutheran School Child Care
2017-2018 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 _____

=====

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

+++++

CLS Child Care Administrative Use Only

Date contract received: _____ Confirmation sent to family: _____

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)