

Carroll Lutheran School Child Care
2023/2024 ENROLLMENT CONTRACT and EMERGENCY FORM

Child 1 Name: _____

Date of Birth: _____ Age: _____ Grade: _____

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

Child's home address: _____

Child 2 Name: _____

Date of Birth: _____ Age: _____ Grade: _____

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

Child's home address: _____

Child 3 Name: _____

Date of Birth: _____ Age: _____ Grade: _____

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

Child's home address: _____

Parent/Guardian 1 _____ Relationship to Child _____

Address: _____

Employer: _____

Daytime phone: _____ Home/Cell phone: _____

email: _____

Parent/Guardian 2 _____ Relationship to Child _____

Address: _____

Employer: _____

Daytime phone: _____ Home/Cell phone: _____

email: _____

When parents/guardians cannot be reached, list at least one person who may be contacted to pick up the child in an emergency.

Name: _____ Relationship to Child _____

Address: _____

Daytime phone: _____ Home/Cell phone: _____

Name: _____ Relationship to Child _____

Address: _____

Daytime phone: _____ Home/Cell phone: _____

Child's Physician or Source of Health Care _____ phone _____

Address _____

I will abide by the information and policies set forth by CLS Child Care.

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. Prices for the year have already been adjusted for scheduled holidays and school closing days.

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at our childcare facility to have your child transported to that hospital.

Parent/Guardian Signature

Date

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

Child 4 Name: _____

Date of Birth: _____ Age: _____ Grade: _____

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

Child's home address: _____

Child 5 Name: _____

Date of Birth: _____ Age: _____ Grade: _____

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

Child's home address: _____

Additional Emergency Contacts

Name: _____ Relationship to Child _____

Address: _____

Daytime phone: _____ Home/Cell phone: _____

Name: _____ Relationship to Child _____

Address: _____

Daytime phone: _____ Home/Cell phone: _____

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CLS Child Care Administrative Use Only

Enrollment Date: _____ *Confirmation sent to family:* _____