

**Carroll Lutheran School Child Care**  
**2025 - 2026 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: \_\_\_\_\_