

Pilgrim Lutheran 2019 SUPER SUMMER CARE Enrollment Form

1731 St. Agnes Dr. Green Bay WI 54304-3099

ENROLLEE INFORMATION: (For children just completing Kindergarten through 5th grade)

Name of Child: _____
Last First Middle

Address: _____
Zip _____

Email _____

Home Phone: _____ **EMERGENCY PHONE** _____
(Person to call in emergency other than parent)

Enrollment date: _____ **Grade:** _____ Just completed in May, 2019

Date of Birth: _____ **List any allergies to foods or medicines:** _____

Father's Work Phone: _____ Mother's Work Phone: _____
Employer: _____ Employer: _____
Occupation: _____ Occupation: _____
Cell phone: _____ Cell phone: _____

Child's Physician or Medical Facility:

Doctor's Name: _____ Clinic Name: _____
Address: _____ Phone: _____

PARENT INFORMATION:

Father: _____ Mother: _____

If address is different, note below:

Address: _____ Address: _____

Child lives with: Both Parents _____ Father _____ Mother _____ Other _____

Who is authorized to pick up your child? _____

Choice of Weeks: Please write 5-day or 3-day behind whichever weeks you choose. If choosing 3 days, state which days care is needed. We need you to keep to this schedule so we have ample day care providers available at the times of care needed.

5-day = \$160/week (2nd child discount) 3-day = \$102/week (amounts subject to change)

*May 27-31 _____ June 3-7 _____ June 10-14 _____
(Closed Memorial Day)
June 17-21 _____ June 24-28 _____ July 1-5 closed for cleaning
and maintenance
July 8-12 _____ July 15-19 _____ July 22-26 _____
July 29-Aug. 2 _____ Aug. 5-9 _____ Aug. 12-16 _____

The final week of SSC is dependent upon the startup of the 2019-20 school year.

MUST BE AT DAYCARE FOR 8 WEEKS OR MORE TO BE ELIGIBLE

Registration/Enrollment Fee \$100 (non-refundable)

Amount Paid _____ **Date Paid** _____ **Check #** _____